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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Health Commission Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

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AGENDA

HEALTH COMMISSION MEETING

June 5, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION AT WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 15, 2001**
**Minutes of May 15, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN** – Request for approval of a contract modification with Asereth Medical Services, Inc., to increase the contract amount from $900,000 to $1,100,000, to provide as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $1,190,000 during FY 1999-2000).
** Calendaring request memo*

(3.2) **CHN-Medical Records & Radiology** - Request for approval of two renewal contracts and one new contract, respectively, with the following firms: Mediscript, Transcription Stat, Inc. and Pacific Medical Transcription for a combined total amount of $1,005,000, to provide intermittent, as-needed medical transcription services for Medical Records and Radiology of the Community Health Network, for the period of July 1, 2001 through June 30, 2003.
** Calendaring request memo, Contractor information sheet, Monitoring report summaries*

(3.3) **CHN-SFGH/Health Information Services** - Request for approval of a sole source renewal contract with Deliverex, Inc., in the amount of $790,000, for the purpose of storing, retrieving and delivering medical records for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2001 through June 30, 2003. DPH contracted with Deliverex for services totaling $275,000 during FY 2000-01).
** Calendaring request memo, Monitoring report summaries, Letter from Deliverex*

(3.4) **CHN-SFGH/Medical Staff Services** - Request for approval of a sole source renewal contract with Medical Staff Services Registry, Inc. (MSSR), in the amount of $150,000, to provide as-needed credential verification for San Francisco General Hospital, for the period of July 1, 2001 through June 30, 2003. (DPH contracted with MSSR for services totaling $54,000 during FY 2000-01).
** Calendaring request memo, Monitoring report summary*

(3.5) **CHN-Jail Health Services** – Request for approval of a renewal contract with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $3,582,760, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with HAFC for services totaling $10,631,027 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.6) **CHN-Primary Care** – Request for approval of a renewal contract with St. Mary Pharmacy Management Services (SMPMS), in the amount of $135,000, for the provision of as-needed pharmacy services for clients of Youth Guidance Center and associated programs, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with SMPMS for services totaling $1,779,756 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary*

(3.7) **PHP-Housing and Urban Health** – Request for approval of a new contract with Baker Places, Inc., in the amount of $630,151, to provide supportive housing targeting formerly homeless tenants, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.8) **PHP-TB Control** – Request for approval of a contract renewal with the Regents of the University of California at San Francisco (UCSF) in the amount of $1,996,661, to provide Model Tuberculosis Education and Control Center services to local and national TB health care providers, for the period of July 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $13,999,667 during FY 1999-2000).
** Calendaring request memo, Monitoring report summary*

(3.9) **PHP-Mental Health/Substance Abuse** – Request for approval of a modification to the contract with Positive Directions Equals Change, Inc. (PDEC), in the amount of $340,000, to provide substance abuse outpatient services with a family focus, targeting African Americans, for

the period of May 1, 2001 through June 30, 2002. (DPH contracted with PDEC for services totaling $20,000 during FY 2000-01.)
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions)

5) **TIME SPECIFIC:** 3:30 P.M.

FOR DISCUSSION AND PROPOSED ACTION: **HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): ST. MARY'S MEDICAL CENTER**
**Proposed Resolution*

6) **FOR DISCUSSION AND PROPOSED ACTION:** **MINIMUM STANDARDS OF HEALTH INSURANCE COVERAGE FOR THE HEALTH CARE ACCOUNTABILITY ORDINANCE**
**Proposed Resolution*

7) **FOR DISCUSSION:** **UPDATE ON LAGUNA HONDA HOSPITAL REPLACEMENT PROGRAM**
**Report*

8) **FOR DISCUSSION AND PROPOSED ACTION:** **RESOLUTION DECLARING THE INTENT OF THE CITY AND COUNTY OF SAN FRANCISCO HEALTH COMMISSION TO REIMBURSE CERTAIN EXPENDITURES FROM PROCEEDS OF FUTURE INDEBTEDNESS, AND APPROVING AND RATIFYING PREVIOUS ACTIONS (RELATED TO THE LAGUNA HOSPITAL REPLACEMENT PROGRAM)**
**Proposed Resolution*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **CLOSED SESSION**

A. Public Comment on All Matters Pertaining to Closed Session

B. Vote to Whether to Hold a Closed Session to Confer With Legal Counsel. (San Francisco Administrative Code Section 67.11(a)

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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C. Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b)

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $24,500 in the Carol Ann Thomas vs. CCSF, United States District Court, Case # 00-3299

D. Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.14(a))

11) CLOSED SESSION

A. Public Comment on All Matters Related to the Closed Session

B. Vote on Whether to Hold a Closed Session Pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

C. Closed Session Pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

D. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

12) ADJOURNMENT

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the

Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

HEALTH COMMISSION MEETING

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June 5, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, M.S.W., at 3:05 p.m.

All Commissioners were present:

President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF MAY 15, 2001

Action Taken: The Commission adopted the minutes of May 15, 2001

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioners Monfredini and Jackson attended, the Budget Committee meeting.

(3.1) CHN – Request for approval of a contract modification with Asereth Medical Services, Inc., to increase the contract amount from $900,000 to $1,100,000, to provide as-needed supplemental pharmacy personnel services, for the period of July 1, 2000 through June 30, 2001. (DPH contracted with Asereth for services totaling $1,190,000 during FY 1999-2000).

Commissioners' Comments

- Commissioner Parker asked if the modification, which was almost like moving funds from one pocket to another, was appropriate. Dr. Katz responded that the DPH budget is now almost $1 billion per year, and that it is difficult to anticipate needs in advance; therefore, to respond to areas of need, sometimes DPH must move money from one area to another.

(3.2) **CHN-Medical Records and Radiology** - Request for approval of two renewal contracts and one new contract, respectively, with the following firms: Mediscript, Transcription Stat, Inc. and Pacific Medical Transcription for a combined total amount of $1,005,000, to provide intermittent, as-needed medical transcription services for Medical Records and Radiology of the Community Health Network, for the period of July 1, 2001 through June 30, 2003.

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Commissioners' Comments

- Commissioner Monfredini asked about the performance of the contractor. Barry O'Brien, a representative from the contractor, stated that it was difficult getting into the facility. Robert Brody, M.D., the DPH presenter, stated that he would check with the SFGH records manager to help ensure appropriate access for the contractor.

- Commissioner Parker asked why there was a large increase in fees. Monique Zmuda, DPH CFO, responded that there has been an increase in regulatory requirements and in the volume of medical records.

(3.4) **CHN-SFGH/Medical Staff Services** - Request for approval of a sole source renewal contract with Medical Staff Services Registry, Inc. (MSSR), in the amount of $150,000, to provide as-needed credential verification for San Francisco General Hospital, for the period of July 1, 2001 through June 30, 2003. (DPH contracted with MSSR for services totaling $54,000 during FY 2000-01).

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Commissioners' Comments

- Commissioner Jackson asked Joe Goldensen, M.D., Director of Jail Medical Services, if the Department provided follow-up treatment for inmates after discharge. Dr. Goldensen described the follow-up services provided.

(3.6) **CHN-Primary Care** – Request for approval of a renewal contract with St. Mary Pharmacy Management Services (SMPMS), in the amount of $135,000, for the provision of as-needed pharmacy services for clients of Youth Guidance Center and associated programs, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with SMPMS for services totaling $1,779,756 during FY 1999-2000).

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Action Taken: The Commission approved the consent calendar of the Budget Committee, with Commissioner Sanchez abstaining on Item # 3.8, due to a conflict of interest.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

Administration

Mayor's Budget for FY 2001-02
The Mayor's budget for FY 2001-02 was transmitted to the Board of Supervisors last Thursday. Next year's Department of Public Health budget is proposed at $970.2 million, an increase of $77.4 million over the current year revised budget for $892.8 million. Please note that $25 million of this increase is attributed to the increase for next year's portion of the Laguna Honda Replacement project, funded from Tobacco Settlement Funds. The proposed budget includes funding to begin

implementation of several very important Health Commission priorities. Highlights of the Mayor's Budget for the Department of Public Health include the following programs:

New Programs Funded with Additional State/Federal Revenues:

6,700,000	State funding to implement Prop 36 Drug Treatment Services.
700,000	State funding for increased methadone services.
588,000	Increased State and Federal allocation to expand substance abuse treatment services.
1,200,000	Increase in MediCal funding for expanded integrated mental health and substance abuse treatment programs.
2,480,000	State funding to annualize homeless Mental Health Services funded through SB 2034.
497,000	Increase in MediCal funding to expand community based mental health services.
200,000	MediCal funding to increase mental health services for youth enrolled in Job Corps programs.
500,000	MediCal funding to expand pharmacy services, improve billing and collections, and improve contracting operations in mental health.
1,200,000	State funds to provide expansion to children in the California Children Services program.
400,000	Fee revenue increase to expand the adult immunization clinic.
195,000	Increase in fee revenues to fund a health impact assessment.
24,900,000	Tobacco settlement funding for the LHH replacement project.
1,100,000	State funds for emergency room physicians.
369,000	State funds to enhance information systems.
105,000	Increase in fee revenue to improve workflow at Vital Records.
523,000	State funds to fund vacant positions at community health.
208,000	Increased third party revenues for clinical pharmacy management services.
364,000	Increased third party revenues for behavioral focused unit at SFGH.
595,000	Increased third party revenues to fund trauma program enhancements.
747,000	Increased third party revenues to fund traumatic brain injury program.
308,000	Increased third party revenues to expand mammography services.

265,000 Increased third party revenues to fund over-night observation unit.

255,000 Increased third party revenues to fund medical high utilizer initiative.

1,100,000 MediCal revenues to reinstate costs associated with the continuation of the outpatient pharmacy.

755,000 Increase in third party revenues to fund enhancements to clinical information systems.

272,000 MediCal revenues to reduce salary savings, and to reinstate lost grant funded clinical position.

235,000 Increase to MediCal revenues to fund expansion of behavioral health services at Maxine Hall Health Center.

233,000 Increase to MediCal revenues to fund social work case management services in primary care centers.

145,000 Increase to third party revenues to expand home health services to children.

Funded with additional County General Funds

4,000,000 First year implementation of the HealthCare Accountability Act (Insurance program for contractors of the City).

3,000,000 First year implementation of the Children's Insurance Initiative.

1,500,000 Increased funding for equipment. This includes state of the art diagnostic equipment for the hospital, as well as additional wheelchairs and beds for Laguna Honda, and a van for the mobile methadone program.

5,000,000 Funds for capital improvements at the Community based Primary Care clinics (on reserve). They include the following improvements:

- $200,000 for Primary Care Clinic Signs
- $437,000 for interior renovation, installation of an elevator and expansion of the dental space at Silver Ave. Health Center
- $475,000 for interior renovation to reconfigure exam space, and install an elevator to maximize clinic space for Maxine Hall Health Center
- $630,000 for expansion of exam rooms and patient waiting areas, and to upgrade mechanical systems at the North of Market Health Center expansion
- 660,100 for renovations to construct additional exam rooms, expand patient waiting areas, and improve eligibility areas at Castro Mission Health Center

- $338,900 for renovations to construct additional exam rooms and installation of an elevator to serve the existing second floor of Ocean Park Health Center
- $750,000 for the replacement of existing mechanical systems and reconfiguration of eligibility areas at the Chinatown Health Center
- $800,000 for the construction of an annex to increase counseling capacity and make improvements to ADA compliance at the Sunset Mental Health Clinic
- $450,000 to fund a portion of the feasibility and design of the proposed expansion of the Southeast Health Center.
- $259,000 for the replacement and upgrade of exterior wood siding and repair of various exterior areas at the Potrero Hill Health Center.

8,900,000	Funds (budgeted in PUC) for energy improvements, including replacement of lighting and air systems at health centers, a replaced cogeneration system at SFGH, and a replacement of the air system at SFGH.
1,600,000	Increased General Funds to pay for rent increases in civil service leased facilities.
500,000	Continuation of the SRO Hotel Collaborative for Fire Prevention Services.
75,000	Continue anti-gambling initiative.
200,000	Expansion mental health children's services
560,000	Annualize start up programs and expand new Treatment on Demand substance abuse treatment services.
200,000	To fund a portion of the operating costs associated with the new Youth Shelter Program.
400,000	Local match for an HIV Prevention Grant.
500,000	Maintain the AIDS Office Reggie information and reporting system.
1,000,000	Personnel costs associated with the reinstatement of the outpatient pharmacy.
100,000	Maintenance of outreach services provided by Hospitality House.

These initiatives will enhance the Health Commission's policies aimed at reducing the number of uninsured, expanding community based alternative treatment services, increasing prevention services, and funding the Department's infrastructure.

District budget hearings were held in all eleven districts, and a final citywide public hearing on the budget is scheduled for June 16. The Finance Committee of the Board of Supervisors will hold departmental budget hearings in mid June. The dates for the hearings on the Health Budget are June 20 and 27. The full Board is expected to consider the budget in early July. I will keep the Commission informed about the budget as it progresses through the review and approval process.

Population Health and Prevention

Refugee Awareness Month Celebration
On May 30th, the Newcomers Health Program co-sponsored a "Refugee Awareness Month Celebration" for San Francisco County. Collaborating agencies included the International Institute of San Francisco, Private Industry Council of San Francisco, Refugee Transitions, Survivors International, Jewish Vocational Services, and Catholic Charities. Approximately 80 people attended the event, which was to honor and recognize the strengths and contributions of refugees in the San Francisco Bay Area.

Latino Asthma Awareness Media Project in San Francisco
The San Francisco Department of Public Health's Latino Asthma Media Project initiated its outreach to Latino asthmatics during World Asthma Day. Activities included bilingual PSAs for radio and TV, a press release, distribution of 29,000 bookmarkers and over 1000 posters sent to medical offices. Bay Area health agencies that serve Latinos affected by asthma are invited to participate by calling Leticia Medina, (415) 554-8930, extension 12.

SFSU Health Education Program
On May 26, 2001 at the San Francisco State University Department of Health Education graduation ceremony, Tracy Moore, Program Coordinator for the Black Infant Health Improvement Project, was awarded the honor of Alumna of the Year. This honor is awarded based on the excellence in the practice of community health education and promotion. All of us in the Community Health Education Section and the department join Tracy and her family in celebration of this honor. Congratulations Tracy!

Domestic Violence Training
On May 11th, the Community Health Education Section's Children and Youth DV FREE, trained 48 community members who provide service to the parents of young children on the impact of witnessing domestic violence. For more information, contact Nora Goodfriend-Koven MPH, 554-2554

At the conclusion of the Director's Report, the Director and the Commission honored the recipients of the 2001 EMS Awards. The awards and recipients were:

- EMS Field Provider Award, for outstanding performance in providing medical assistance on January 26, 2001, to a woman mauled by a dog: FF James Kucharszky, EMT-P; FF Frederick M. Salan, EMT-P; FF Carol L. Conley-Bodin, EMT-I; FF Robert D. Scheppler, EMT-I; and FF Chuck I. Watanabe, EMT-I

- EMS Hospital Provider Award, for outstanding performance over a long career as the Nurse Manager of Kaiser's Emergency Department: Carol Hayden BS, RN, Kaiser-Permanente Medical Center

- EMS Community Member Award, for outstanding performance in advancing the causes of CPR and Public Access Defibulation: Karen Strain, American Heart Association; and Harrold Borrero, Ph.D., UCSF

- Raymond Lim Excellence in EMS Award, awarded posthumously, for outstanding performance as an innovator in EMS systems in San Francisco and in California: Raymond Lim, King-American Ambulance Company

The Commissioners presented each recipient with a plaque, along with their congratulations and appreciation for their fine performance.

5) HEARING IN ACCORDANCE WITH THE HEALTH CARE PLANNING ORDINANCE (PROPOSITION Q): ST. MARY'S MEDICAL CENTER

The Health Commission continued the Proposition Q Hearing that it began during its previous meeting of May 15, 2001.

Kenneth Steele reported that he is now the permanent President of St. Mary's Medical Center (SMMC). In updating the Commission, he stated that the transfer of the adult inpatient psychiatric program to Saint Francis Memorial Hospital (SFMH) was proceeding. He added that SFMH has a better payor mix and is stable financially. Mr. Steele commented that SMMC had been in contact with Jo Ruffin, Administrative Director of Community Mental Health Services for DPH, who has provided expertise and assistance. Concerning staff relocation, Mr. Steele said that there were opportunities for SMMC nurses and other staff.

Referring to a previous topic concerning the care and safety of residents of the SMMC AIDS Dementia Unit, Mr. Steele reported that the elevator improvements will be installed in two to three weeks, and will be integrated with the fire safety system. He also stated that the safety of wandering patients, and the activity opportunities for those patients, has improved.

Commissioners' Comments

- Vice President Chow asked about psychiatrist assignments. Mr. Steele responded that most of the psychiatrists have privileges at SFMH. He was not certain how many clinical psychologists would work at SFMH. Cheryl Fama, President, SFMH, responded that SFMH would provide culturally sensitive adult psychiatric services. She stated also that SFMH has more than adequate capacity to address needs.

- Commissioner Jackson asked [relating to a discussion at the May 15, 2001, meeting] about the unit costs at SFMH. Ms. Fama replied that the unit costs at SFMH were $1.40 or $1.50 for each $1.00 provided in service. She added that SFMH has upgraded its adult inpatient psychiatric unit.

- Vice President Chow asked about capacity in the ECT programs in San Francisco. Mr. Steele stated that there is no definitive answer. Dr. Katz stated that SFGH does not perform ECT, due to a Board of Supervisor prohibition, but that the Department can acquire the service elsewhere.

Public Comment

Brian Walden is a case manager and performs intake at SMMC. He spoke about trans-institutionalization, when patients go from inpatient psychiatric beds to jails.

Action Taken: The Commission considered each of the two Resolved clauses of the proposed resolution separately. Four votes are needed for passage. Commissioner Umekubo abstained from participation due to a conflict of interest.

- On the motion, "Resolved, that the closure of the Adult Inpatient Psychiatric Program at St. Mary's Medical Center will not have a detrimental impact on the health care service of the community," six Commissioners (Guy, Chow, Jackson, Monfredini, Parker, and Sanchez) voted aye. The motion passed.

- On the motion, "Resolved, that the closure of St. Mary's Medical Center's Electro Convulsive Therapy (ECT) program will not have a detrimental impact on the health care service of the community," six Commissioners (Guy, Chow, Jackson, Monfredini, Parker, and Sanchez) voted aye. The motion passed.

The Resolution approved by the Commission may be found at Attachment A.

Commissioners' Comments

- Commissioner Sanchez commented upon the open dialogue by all involved parties.

- President Guy and Vice President Chow thanked the parties for their participation.

6) MINIMUM STANDARDS OF HEALTH INSURANCE COVERAGE FOR THE HEALTH CARE ACCOUNTABILITY ORDINANCE

Dr. Katz began by thanking all of those involved in conducting the research and preparing the analysis for the Commission. He added that union workers and members of the religious communities helped this effort, and thanked members of the business community for their participation.

According to Dr. Katz, the City struggles with the question of how to provide universal health insurance. He stated that the health insurance coverage under the Health Care Accountability Ordinance (HCAO) is one step in that direction. Dr. Katz then provided a brief overview of the HCAO. The HCAO adds a new section to the San Francisco Administrative Code, requiring contractors that provide services to the City or enter into certain leases with the City (including certain subcontractors and subtenants) to do one of the following:

- Offer health insurance benefits to employees working on City contracts or leased property. The employee must work 20 hours or more per week (in effect the first year of the HCAO); reduce to 15 hours by July 2002.

- Make payments to the City ($1.50 per employee/hour worked) for use by the Department of Publics Health to help partially offset the cost of services for uninsured workers, or

- Participate in a health benefits program that will be developed by the Department of Public Health.

Under the Ordinance, the Health Commission must determine the:

- Effective date of coverage
- Percentage of premium paid by employer and employee
- Benefits offered under the coverage, and
- Employee co-payments when accessing services

Dr. Katz then described the Department's recommendations, which he stated the Health Commission is free to accept or modify. The Department's recommendations, described by Dr. Katz and included within his Memorandum to the Health Commission (May 29, 2001), and the Department's Proposed Resolution, are as follows:

- The effective date of coverage shall be no later than the first day following the first complete calendar month worked by the employee.
- The employers must offer at least one health plan option in which the entire monthly premium is paid for by the employer.
- The health benefits shall include a mix specifically identified in the Memorandum and Proposed resolution.
- The co-payments shall be a maximum of $10. for outpatient visits, and other amounts identified in the Memorandum and Proposed Resolution.

The Memorandum and Proposed Resolution may be found at Attachment B.

Dr. Katz emphasized several points. He stated that the Department is worried that paying a premium may deter some people from purchasing health insurance. He added that point of service co-payments may also reduce the utilization of necessary health services. Dr. Katz emphasized that the Department is not trying to create a new product, and that there are examples of businesses and non-profits offering plans with no employee premium.

Dr. Katz added that the HCAO covers only employees, not dependents. He also clarified that businesses with 20 or fewer employees, and non-profits with 50 or fewer employees, are exempt.

Public Comment

Taylor Emerson, from the Mayor's Office, spoke about the budgetary implications. She stated her office conducted a conservative calculation of the costs. Ms. Emerson then informed the Commission that the Mayor's Office has identified $4 million to address pass-through costs for certain contracts. She added that this figure assumes 100% pass through on non-profit contracts, and 65% pass through on for-profit contracts. Ms. Emerson added that tenants have no pass-through mechanism. In addition, Ms. Emerson suggested that Department contract managers will not allow contracts to pass through health insurance costs for insurance already provided and costs already absorbed.

Steven Cornell, President of Small Business Commission, states that small business is always looking for health insurance for its members and employees. The cost of insurance, and access, is very important to small business. He stated that there are 62,000 small businesses in San Francisco. He commented on what he considered the quick pace of the HCAO, and that it was never presented to an organized small business group. Mr. Cornell also voiced several concerns with the HCAO, including:

- the exemptions' affect on small business;
- exemptions for businesses with long term contracts with the City (such as Pier 39 tenants and the San Francisco Giants);
- the ways in which the $1.50 per employee/hour worked is calculated;
- the availability of health insurance coverage for employees who work 15 hours per week [the HCAO standard in effect for next year];

- the ways in which employees are counted;
- whether the employer owes the City $1.50 per hour if the employee is covered under a spouses plan or Medi-Cal;
- premium payments made by part time employees;
- whether an employer would have to pay the City $1.50 per hour for three months in the situation where the employer's health plan has a ninety day waiting period;
- bookkeeping requirements for small businesses; and
- added responsibilities for small businesses over their sub-contractors.

Mr. Cornell added that most small businesses do not have multiple plans for their employees. He stated that small business has not been asked to participate in planning for this Ordinance. Mr. Cornell asked the Commission to bring together all parties, and recognize the competitive impact of the HCAO on small businesses, which often operate on small profit margins. A copy of Mr. Cornell's letter to the Commission (June 5, 2001) and recommendations are enclosed as Attachment C.

Dale Hess is the Executive Vice President of the San Francisco Convention and Visitors Bureau, and spoke as an individual contractor. He complimented the Commission for having the first hearing where there was due notice where contractors could make comments and ask questions. He stated that businesses need time to shop for coverage. Mr. Hess stated that his organization has a very good PPO plan, but that under the new standards it may need to acquire an HMO plan. He asked for 90 days to plan, or for a workshop session with staff. In addition, Mr. Hess stated that his organization uses 145 convention registrars, on-call and part time. He asked how the HCAO covers those people, and how the HCAO coverage relates to Medicare.

Scott Hauge is the founder of the San Francisco Small Business Advocates, and owns a small business. He believed that the HCAO moved too fast through the Board of Supervisors. He added that businesses are not irresponsible if they don't provide recommended benefits, they sometimes cannot afford it. Mr. Hauge stated that some employers now have a 30-hour per week minimum to qualify for health insurance. He asked the Commission to work closely with the Small Business Commission.

Elizabeth Frantes stated that employer-based incremental health care coverage will not work. She stated that this proposal was another way for the Mayor to eliminate non-profits. Ms. Frantes added that this proposal covers only a tiny percentage of uninsured. She stated that the proposal won't work and can't work, but more bureaucracies will be created.

Father Peter Sammon is the Pastor at St. Teresa's Church, and a representative of the Bay Area Organizing Committee. He stated that people have worked on this issue for over two years, and that there was an agreement in principle concerning this Ordinance. Fr. Sammon stated that the Ordinance is a work in progress, and that all organizations should work together. He argued against a sizable premium or co-payment; which he said would blunt the purpose of the Ordinance. Fr. Sammon stated that he meets people who must decide whether to buy food, pay the rent, or pay for health care.

Edelwina Mallari is a customer service worker at the Airport. She asked for the Commission's support, and stated that many workers do not purchase the health insurance offered to them because it is too expensive.

Rosario Macapidlac is a sales associate at the Airport. She stated that she needs medical insurance because of her husband, and that she pays $90. every two weeks. She asked for the Commission's support.

Charito Alviz works at the Airport, and stated that she is not enrolled in health coverage because it is expensive. She informed the Commission that she is receiving treatment at San Francisco General Hospital because she cannot afford insurance.

Father David Purdy is the Pastor at St Peter and Paul Church, North Beach, and is also a co-chair of the Bay Area Organizing Committee. He commended Dr. Katz's presentation. Fr. Purdy stated that employers should not be allowed to shift costs to employees.

Rose Marie Ostler is a member of the Bay Area Organizing Committee. She stated that her husband is self-employed, and pays as much as $600. per month for health insurance. Ms. Ostler asked the Commission to pass the proposal.

Sister Kathleen Healy is a co-chair of the Bay Area Organizing Committee. She spoke in support of the Department's proposal. She stated that a demand that low wage workers pay some part of their premium will not work because they must spend their money on other things. Sister Healy added that the Ordinance will be meaningless if that happens. She added that a co-payment higher than $10 will not make preventive care possible for low wage workers.

Rory Desmond, member of St. Teresa's Church, and spoke in support of the proposal. He thanked Dr. Katz for his work. He said that there is an erroneous perception that input from the small business community was not sought. Mr. Desmond added that the Ordinance deals with people living on the edge concerning their budget, and some people may not access health care if they need to pay a co-payment.

Dale Butler is a staff person for Local 790, and a member of the BAOC governing board. He stated that there had already been agreement not have co-payments. Mr. Butler stated that the intent of the Ordinance is to provide health care and not use the SFGH emergency room. He stated that the only way to maximize the number of participants is to have the co-payment as low as possible; otherwise, people will drop out. He advocated a Kaiser-type HMO, which he said he recently negotiated for $1.03 an hour. He added that increasing the premium or co-payment would damage union workers.

Josie Mooney is the President of the San Francisco Labor Council and a member of BOAC. She stated that she spent a very long time in the Mayor's Office negotiating with the business community, including the Committee on Jobs, the Chamber of Commerce, and the Golden Gate Restaurant Association. She said that she was surprised that members of business community claimed that they were not represented. Ms. Mooney hoped that the Commission would adopt standards for low-income workers; no premium costs, and no more than $10 co-payment.

Ron Smith is the Vice President of the Hospital Council. He thanked the Mayor, the Board of Supervisors, Dr. Katz, and the Health Commission. He stated it has long been the goal of the hospitals in San Francisco to have universal health insurance. Mr. Smith raised two points: 1) the $1.50 per employee/hour worked should go to each hospital emergency room, based on patients handled; and 2) he wanted to recommend a benefit program to the Commission.

Barry Hermanson spoke in favor of the Department's proposal. He stated that the numbers of people insured drops as the costs of insurance increase. According to Mr. Hermanson, the

population that the standards will cover make $20,000 per year or below. He believes that the $10 co-payment is appropriate.

John Gressman, from the San Francisco Community Clinic Consortium, talked about implementation strategies. He believed that community hearings were necessary, and that providers should be heard to determine who has interest and who has capacity. He advocated for culturally-competent community-based facilities, and to follow the Health Families model. He also stated that patients with special needs should be considered.

Gladys Sandlin, Executive Director of the Mission Neighborhood Health Center, applauds the Mayor and staff on this issue. She stated that the ordinance is groundbreaking legislation for the rest of the country. Ms. Sandlin added that reimbursement rates to providers must be adequate, to ensure that the safety net will not erode.

Kent Woo is the Executive Director of the NICOS Chinese Health Coalition. He applauds the effort to have health care for all San Francisco. He is concerned about how the ordinance will affect non-profit organizations, and suggested that a study be done. Mr. Woo wants to ensure adequate pass-throughs, and he has heard that some pass-throughs have cost some non-profits as much as $80,000 per year. He urged input from the non-profit organizations.

Patricia Breslin is the Executive Director of the Golden Gate Restaurant Association. She urged the Commission to consider the practical and financial affect of the proposed standards on small business. She stated that the insurance should not be prohibitively expensive for the employers to implement and fund. Ms. Breslin added the City's small businesses, especially restaurants, are facing multiple fee and tax increases, rising energy costs, increasing garbage rates, and increased Health Department fees. She asked whether an employer will receive an exemption, if the employee has insurance coverage from another source, such a spouse or second job, or whether employers will have to make a double contribution. She asked the Commission to consider the size of the business, stating that no small business can cover an employee at the same per-person cost as the City. She urged a minimum 90-day waiting period, in light of administrative and indirect costs.

- At this time, Dr. Katz stated that the employer's obligation is not to provide insurance, but to offer insurance.

Glynn Washington is from the Human Services Network, a group of 65 non-profit entities in the City. His organization supports the Ordinance. He stated that in the Ordinance's second year, coverage rolls back to 15 employee/hours worked per week, and that this is an issue because insurance is not available in the marketplace at that 15-hour level. He asked the Commission to make a priority on establishing the insurance pool, so that non-profits can cover their employees. Mr. Washington believed the Ordinance needs to specify how an employees hours are calculated for purpose of coverage. He stated that he will provide position papers to the Commission later.

Nathan Nayman, the Executive Director, Committee on Jobs, wanted to correct the testimony made by others and to set the record straight. He stated that the Committee on Jobs was a part of a coalition of small business and non-profit entities on the living wage issues, but was not invited to later meetings, except one the previous week and that they were not included in this last effort. He urged that Commission to pay attention to small business concerns.

- Commissioner Monfredini stated that workers should not have to pay health insurance premiums, but that they should be responsible for a co-payment. She asked which employer would be responsible for offering health insurance in the situation when the employee works for more than one employer. Dr. Katz responded that the City may need to get real experience with the ordinance before it can respond to theoretical questions. He added that after the Health Commission approves the minimum standards, that the Office of Contract Administration would be responsible for implementation.

- Commissioner Jackson asked about coverage for employees who work for business with long-term contracts or leases with the City. Dr. Katz raised the possibility of contract amendments.

- Commissioner Sanchez inquired concerning oversight of the standards. Monique Zmuda clarified that the responsibility of the Health Department would be to collect and gather information on the standard benefit package, and would forward any changes to the Commission. She stated that the Health Department will work closely with the Department of Administrative Services throughout the year.

- President Guy commented upon the many assumptions that went into the Ordinance. She stated that it is important to work with the Department of Administrative Services to collect the appropriate information to monitor and evaluate this process for the next two years. She stated that the Commission and Department need to determine which scope of benefit questions need to be monitored and answered. President Guy asked the staff to recommend to the Commission what information needs to be collected.

- Commissioner Sanchez suggested maintaining a comprehensive database pertaining to those areas for which the Commission is held responsible.

- Vice President Chow stated that he was struck by the testimony concerning the people for which the Ordinance was targeted. He asked for assurance from staff that options are actually available, especially those that are culturally appropriate. Ms. Zmuda stated that the health Department attempted to survey the top 12 non-profits with which DPH contracts. She said that for the most part, the non-profits provide a generous package for full-time employees. She added that most non-profits provided a choice of an HMO and PPO. She said that the Department did not test the linguistic or cultural capabilities. Vice President Chow stated that the issue was whether, with one option at the minimum price, employees will be able to reach the providers appropriate for them.

- President Guy commented on the historic aspect of the Ordinance. She stated that the Commission will undertake its homework, and will use the time until the next Commission meeting to understand the issues and recommendations presented.

Commissioner Umekubo left the meeting during the discussion, at 6:00 p.m.

7) UPDATE ON LAGUNA HONDA HOSPITAL REPLACEMENT PROGRAM

Anthony G. Wagner provided the Commission with an overview of the Laguna Honda Hospital Replacement Project, as follow-up on the progress made since the last report to the Commission. He stated that the Replacement Project Team would present quarterly updates to the Commission.

Terry Hill, M.D, is the Medical Director of Laguna Honda Hospital. He stated that LHH clinical leadership views the replacement project as unique opportunity to reexamine LHH's clinical programs, and to redefine LHH's commitment to resident-centered care, reintegration with the community, and maintenance of resident independence. He stated that the LHH rehabilitation programs, outpatient clinics, Adult Day Health program, Alzheimer's day care program, and senior nutrition program will be located at the physical heart of the new campus. Dr. Hill added that LHH will have 140 assisted living units on campus.

Michael Lane, Project Manager, delivered a quarterly report. He spoke about the design process, linkages to the community, project management update, and work in progress. According to Mr. Lane, the new LHH will include the complete continuum of long term care services. He stated that the Project Team is now more closely looking at issues of operating costs, dietary and materials management. Mr. Lane stated that the new LHH will be the first hospital in the country to possess a "green" certification.

Mr. Lane further reported that the project visited several different long term care sites in the Bay Area, New York, Chicago, and Wisconsin. He stated that the Team then ranked design criteria in the following way: resident rooms and windows; nursing units; family-style dining; access to outdoor; efficiency of operation; low first cost; community integration and community-based programs; clear organization and wayfinding, and reuse of historic buildings. He then discussed the present site plan and timetable.

Mr. Lane reported that the City has hired Turner Construction Company/CPM Services. He stated that construction inflation has been greater than originally forecast, and that the Project Team has looked at various measures to ensure cost-effectiveness. He anticipates that a full estimate will be available towards the end of July.

Commissioners' Comments

- Commissioner Monfredini reminded the Project Team of promises made to the voters concerning the new facility.

- Vice President Chow inquired about the acute portion of LHH. Larry Funk, Executive Administrator of LHH, responded that the acute beds will be located on the 2nd floor of Esplanade, along with support services for those beds. He stated that is important for LHH to continue its acute licensure.

- Vice President Chow asked about food service. Mr. Funk responded that food service is very important to long term care residents, and that the Project Team, looking at operating and capital costs, will try to bring the best quality food service and dining experience to the residents. He added that the Team is studying different food service methods, and contingency plans if the budget will not support preferred options.

- President Guy supported periodic reports to the Commission, and thanked everyone for their work

8) **RESOLUTION DECLARING THE INTENT OF THE CITY AND COUNTY OF SAN FRANCISCO HEALTH COMMISSION TO REIMBURSE CERTAIN EXPENDITURES FROM PROCEEDS OF FUTURE INDEBTEDNESS, AND**

APPROVING AND RATIFYING PREVIOUS ACTIONS (RELATED TO THE LAGUNA HOSPITAL REPLACEMENT PROGRAM)

Monique Zmuda, DPH CFO, stated that United States Treasury regulations require that the governing body approve and declare its intent to reimburse the costs of the projects already incurred from the proceeds of the bonds. She stated that the resolution will ensure that the Department complies with the regulations.

Action Taken: The Commission approved the Resolution unanimously, (Guy, Chow, Jackson, Monfredini, Parker, and Sanchez). (Commissioner Umekubo had previously left the meeting and did not vote).

A copy of the Resolution is enclosed as Attachment D.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) CLOSED SESSION

A. Public Comment on All Matters Pertaining to Closed Session

None.

B. Vote on Whether to Hold a Closed Session to Confer With Legal Counsel. (San Francisco Administrative Code Section 67.11(a)

Action Taken: The Commission voted to hold a closed session.

The closed session began at 7:10 p.m.

C. Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b)

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $24,500 in the Carol Ann Thomas vs. CCSF, United States District Court, Case # 00-3299

D. Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2)

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, and Sanchez) approved the proposed settlement of $24,500. (Commissioner Umekubo had previously left the meeting and did not vote).

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.14(a))

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, and Sanchez) voted not to disclose any discussions held in closed session. (Commissioner Umekubo had previously left the meeting and did not vote).

The closed session ended at 7:50 p.m.

11) CLOSED SESSION

A. Public Comment on All Matters Pertaining to Closed Session

None.

B. Vote on Whether to Hold a Closed Session Pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

Action Taken: The Commission voted to hold a closed session.

The closed session began at 7:56 p.m.

C. Closed Session Pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

D. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

Action Taken: No report issued. The Commission voted not to disclose any discussions held in closed session.

The closed session ended at 8:00 p.m.

12) ADJOURNMENT

The Commission adjourned the meeting at 8:00 p.m.

Arthur R. Greenberg
Interim Health Commission Secretary

Attachments (4)

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 11-01

DETERMINING WHETHER THE CLOSURE OF THE ADULT INPATIENT PSYCHIATRIC PROGRAM AT ST. MARY'S MEDICAL CENTER WILL OR WILL NOT HAVE A DETRIMENTAL IMPACT ON THE HEALTH CARE SERVICE OF THE COMMUNITY

WHEREAS, St. Mary's Medical Center maintains a 22-bed Adult Inpatient Psychiatric Program, with a recent average census of approximately 14 patients per day, and Saint Francis Memorial Hospital maintains a 35-bed Adult Inpatient Psychiatric Department, with a recent average census of approximately 23 patients per day; and,

WHEREAS, St. Mary's Medical Center plans to close its Adult Inpatient Psychiatric Program, effective June 30, 2001, and has been taking measures to transfer the program and its patients to the Saint Francis Memorial Hospital Adult Inpatient Psychiatric Department; and,

WHEREAS, the Department of Public Health has stated that if St. Mary's Medical Center closes its Adult Psychiatric Inpatient Program, there would be 101 inpatient adult psychiatric beds remaining in San Francisco private hospitals, including Saint Francis Memorial Hospital, St. Luke's Hospital, and California Pacific Medical Center; and,

WHEREAS, the Department of Public Health has stated that it will contract with Saint Francis Memorial Hospital and St. Luke's Hospital for inpatient adult psychiatric beds, and that it believes that, based upon past bed utilization and relative rate stability, there will not be a shortage of beds for City clients; and,

WHEREAS, St. Mary's Medical Center plans to close its Electro Convulsive Therapy (ECT) program, which serves 32 patients per year for a total of 177 treatments per year, and for which services are available at other facilities, including California Pacific Medical Center, St. Luke's Hospital, and Langley Porter at UCSF; and,

WHEREAS, St. Mary's Medical Center has committed to appropriate referral of all affected patients and to minimizing the impact upon affected workers; and,

WHEREAS, St. Mary's Medical Center will increase its Adolescent Psychiatric Inpatient Program from 17 beds to 21 beds; and,

WHEREAS, the City will remain vigilant concerning patient care, patient safety, and appropriate rates of reimbursement; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 11-01 (Cont'd.)

WHEREAS, St. Mary's Medical Center on this occasion provided the required notice to the Health Commission in compliance with the Health Care Planning Ordinance Proposition Q, and;

WHEREAS, the Health Commission, in accordance with Proposition Q, held public hearings on May 15 and June 5, 2001, now, therefore, be it

RESOLVED, that the closure of the Adult Inpatient Psychiatric Program at St Mary's Medical Center will not have a detrimental impact on the health care service of the community; and, be it

FURTHER RESOLVED, that the closure of St. Mary's Medical Center's Electro Convulsive Therapy (ECT) program, will not have a detrimental impact on the health care service of the community.

I hereby certify that the foregoing resolution was adopted by the Health Commission at its meeting of June 5, 2001.

Arthur R Greenberg

Arthur R. Greenberg
Interim Secretary to the Health Commission

RESOLUTION OF THE HEALTH COMMISSION APPROVING AND ADOPTING MINIMUM STANDARDS FOR HEALTH PLAN BENEFITS REQUIRED IN THE HEALTHCARE ACCOUNTABILITY ACT.

Whereas, the Board of Supervisors passed the Healthcare Accountability Act on May 29, 2001, requiring that contractors of the City and lessees of City property provide healthcare insurance to their employees; and

Whereas, the Ordinance requires that the Health Commission adopt minimum standards for health plan benefits offered by City and County contractors and/or lessees; and

Whereas, the components of the minimum standard for health plan benefits includes: 1) effective date of coverage, 2) percentage of premium paid by employer and employee, 3) benefits offered under coverage and 4) employee co-payments for receiving services; and

Whereas, in developing minimum health plan benefits, the Department of Health staff researched insurance plans in the California marketplace; and

Whereas, the Department adopted the following principles in developing the minimum health plan benefit standards:

- Minimize disruption for employers and lessors who currently provide a comprehensive scope of medical benefits,
- Out-of-pocket costs (both premiums and co-payments for employees) should not be so high that they decrease employees' acceptance of health plan coverage,
- The minimum benefit standards should be designed to ensure that contractors and lessees provide a comprehensive scope of medical benefits. (Catastrophic benefit coverage is not comprehensive; and

Whereas, the Department will review the standards annually and recommend changes to the minimum standards in accordance with changes in the health plan marketplace; therefore be it

Resolved: That the Health Commissions sets the minimum standard for healthcare benefits, consistent with the health plan standards in the Bay Area, as follows:

- The effective date of coverage shall be no later than the first day following the first complete calendar month worked by the employee;

- Employers shall offer at least one health plan option in which the premium is entirely paid for by the employer;

- The health benefits shall include the following services:
  Outpatient Procedures
  Diagnostic, X-Ray and Laboratory Services
  Perinatal/Maternity
  Preventive Care
  Family Planning
  Prescription Drug Coverage
  Hospital Services (inpatient and outpatient)
  Emergency Health
  Ambulance Services
  Mental Health (inpatient and outpatient)
  Alcohol and Substance Abuse Care (inpatient and outpatient)
  Rehabilitative Therapies (inpatient and outpatient)
  Home Health Services
  Durable Medical Equipment
  Hospice Care
  Skilled Nursing Services;

- CoPayment requirements shall be:

Benefit	CoPayment
Outpatient Services	Max. $10/visit
Outpatient Procedures	Max. $100/Procedure
Diagnostic, X-Ray – Laboratory Services	No Charge
Perinatal and Maternity	
Office visits	Max. $10/visit
Inpatient	Max. $100/admission
Preventive Services	Max. $10/visit
Family Planning Services	Max. $10/visit

Prescription Drug Coverage	Generic: Max. $15/30 days Brand: Max. $25/30 days
Hospital Services	
Inpatient	Max. $100/Admission
Outpatient	Max. $75/visit
Emergency Services	Max. $50/visit (waived if admitted)
Ambulance Services (Medically Necessary)	Max. $50/trip (waived if medically necessary)
Mental Health Services	
Inpatient (minimum of 10 days)	Max. $100/Admission
Outpatient (minimum of 20 visits/yr)	Max. $20/visit
Alcohol/Substance Abuse Care	
Inpatient (detox)	Max. $100/day
Outpatient (min. of 20 visits/yr)	Max. $20/visit
Rehabilitative Services	
Office/Outpatient	Max. $20/visit
Inpatient	Max. $100/day
Home Health Services (minimum 100 days/yr)	Max. $15/visit
Durable Medial Equipment	50% of allowable charges
Hospice Care	Max. $15/visit
Skilled Nursing Services (at least 100 days/yr)	Max. $100/admission or $50/day
Yearly Out of Pocket (Total yearly costs paid by person accessing services)	Co Payment Max. $2,000/year

SMALL BUSINESS COMMISSION
STEPHEN CORNELL - PRESIDENT
OFFICE OF SMALL BUSINESS AFFAIRS
DANIEL HWANG – DIRECTOR

OFFICE OF THE MAYOR
WILLIE L. BROWN, JR.

June 5, 2001

Commissioners
Department of Public Health
Health Commission
101 Grove Street
San Francisco, CA 94102

Dear Commissioners:

Following are the recommendations made relating to Healthcare at the 1998 Small Business Forum, and a copy of the "Report on the Proceedings: The Small Business and Entrepreneurial Forum" from the 2000 Small Business Forum.

Please let me know if you have any further questions.

Warm regards,

Stephen Cornell
Daniel Hwang

1 Dr. Carlton B. Goodlett Place, Suite 448, San Francisco, CA 94102
(415) 554-6134 VOICE (415) 558-7844 FAX

Healthcare

The provision and cost of healthcare remains a major concern for most small businesses. Participants discussed government efforts to ensure healthcare availability to all San Franciscans (for example, Universal Healthcare and Healthy Families) and the potential impact of these efforts on small businesses.

Participants

Linda Boyd, Tangerine M. Brigham, Debra Edgerly, Gail Feldman, Grace Fong, Scott Hauge (chairperson), Barry Hermanson, Donna B. Hurowitz, Jenai Lane, Tosca M. Lee, Tom Nolan, Joel G. Ritch

Major Concerns and Issues

- The cost of healthcare (that is, the amount paid by employers and individuals for basic health insurance) is too high.
- Small business needs access to the kinds of healthcare providers and quality services that are available to large business and government institutions.
- Government does not adequately support small business in providing healthcare to employees.
- Creating the desire for healthcare is a challenge for small business.

Recommendations

- If it makes economic sense, create a healthcare insurance purchasing pool consisting of small businesses, uninsured individuals and city employees.
- Provide vital healthcare-related information to small businesses by reinstituting the Bay Area Healthcare Task Force and by providing an Internet-based information clearing house.
- Ensure the participation of small business in the City's efforts to expand healthcare coverage to the uninsured.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
RESOLUTION NO. 12-01

DECLARING THE INTENT OF THE CITY AND COUNTY OF SAN FRANCISCO HEALTH COMMISSION TO REIMBURSE CERTAIN EXPENDITURES FROM PROCEEDS OF FUTURE INDEBTEDNESS AND APPROVING AND RATIFYING PREVIOUS ACTIONS (REGARDING THE LAGUNA HONDA HOSPITAL REPLACEMENT PROGRAM)

WHEREAS, the City and County of San Francisco Health Commission (the "Health Commission") desires to undertake the acquisition, improvement, construction and/or reconstruction of a new health care, assisted living and/or other type of continuing care facility or facilities to replace Laguna Honda Hospital (the "Project"); and,

WHEREAS, the Health Commission expects to pay on and after the date hereof certain costs relating to the Project; and,

WHEREAS, the Health Commission expects to assist the City and County of San Francisco (the "City") with the financing of the Project; and,

WHEREAS, the Health Commission has determined that the moneys advanced and to be advanced to pay certain expenditures of the Project are or will be available only for a temporary period, and it is desirable to reimburse all such expenditures made on and after the date hereof with respect to the Project from the proceeds of one or more issues of tax-exempt bonds or other forms of indebtedness (the "Bonds") to be issued by the City; and,

WHEREAS, Section 1.150-2 of the Treasury Regulations requires the Health Commission to declare its reasonable official intent to reimburse prior expenditures for the Project with proceeds of a borrowing; now, therefore, be it

RESOLVED, by the San Francisco Health Commission as follows:

Section 1. The San Francisco Health Commission finds and determines that the foregoing recitals are true and correct.

Section 2. This resolution is adopted by the San Francisco Health Commission solely for purposes of establishing compliance with the requirements of Section 1.150-2 of the Treasury Regulations. This Resolution does not bind the San Francisco Health Commission or the City to make any expenditure, incur any indebtedness or proceed with the Project.

Section 3. The San Francisco Health Commission hereby declares its official intent under Treasury Regulations Section 1.150-2 to use proceeds of the Bonds to reimburse expenditures incurred in connection with the Project prior to the issuance and sale of the Bonds. The San Francisco Health Commission hereby further declares its intent to use such proceeds of the Bonds to reimburse the Commission or the City and to pay third parties for expenditures made on the Project.

Section 4. On the date of the expenditure to be reimbursed, all reimbursable costs of the Project will be of a type properly chargeable to a capital amount under general federal income tax principles.

Section 5. The principal amount of debt is not expected to exceed is $299,000,000 for the Project.

Section 6. All actions heretofore taken by any appropriate officer of the San Francisco Health Commission with respect to the Project are hereby approved, confirmed and ratified.

Section 7. This resolution shall take effect immediately upon adoption.

I hereby certify that the Health Commission at its meeting of June 5, 2001 adopted the foregoing resolution.

Arthur R. Greenberg

Arthur R. Greenberg
Interim Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Health Commission Secretary

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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

JUL 24 2001

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June 19, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION AT WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA 2:15 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 5, 2001**
**Minutes of June 5, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) DPH – Request for approval of a proposed ordinance to revise patient rates for the Department of Public Health for FY 2001-02.

(3.2) **DPH-Central Admin/MIS** – Request for approval of a contract modification to the product and services agreement with Siemens Medical Solutions Health Services Corp to add $800,000 for a Patient Access Systems and Process Integration project, for a total revised contract amount of $7,167,691, for the term January 1, 1999 through June 30, 2002. (DPH contracted with Siemens for services totaling $4,872,954 during FY 2000-01).
* *Calendaring request memo, Monitoring report summary*

(3.3) **AIDS Office** – Request for approval of a sole source and new contract with University of California at Berkeley (UCB), Survey Research Center, in the amount of $169,362, to provide piloting, planning, programming and telephone interviewing services for the San Francisco Behavioral Risk Factor Survey services that will target San Francisco residents, for the period of June 1, 2001 through December 31, 2001.
* *Calendaring request memo*

(3.4) **AIDS Office** – Request for approval of a contract modification with Mobilization Against AIDS International (MAAI) in the amount of $46,967, for a new contract total of $90,467, to provide additional HIV prevention interventions to transgender individuals, for the period of January 1, 2001 through December 31, 2001. (DPH Contracted with MAAI for services totaling $289,204 during FY 2000-01).
**Calendaring request memo, Client demographic information form*

(3.5) **CHPP-Promotion** – Request for approval of a contract renewal with Polaris Research and Development, in the amount of $150,000, to provide evaluation services for the Tobacco Free project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with Polaris for services totaling $434,516 during FY 2000-01).
* *Calendaring request memo, Monitoring report summary*

(3.6) **CHPP-Promotion** – Request for approval of a contract renewal with O'Rorke Public Relations and Advertising, in the amount of $85,000, to provide media services to the Tobacco Free Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with O'Rorke for services totaling $109,200 during FY 2000-01).
* *Calendaring request memo, Monitoring report summary*

(3.7) **CHPP-Promotion** – Request for approval of a contract renewal with San Francisco Study Center (SFSC), in the amount of $708,856, to provide fiscal agent services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with SFSC for services totaling $2,448,129 during FY 2000-01).
* *Calendaring request memo, Monitoring report summary*

(3.8) **PHP-Substance Abuse** – Request for retroactive approval of a modification for SAGE Project, Inc., for capital expenditure in the amount of $75,000, to complete the renovation of the building begun in FY 1999-00, specifically the building-wide sprinkler system, for a total contract value of $483,699, for the period of June 1, 2001 through June 30, 2002. (DPH contracted with SAGE for services totaling $397,915 during FY 2000-01).
* *Calendaring request memo*

(3.9) PHP-Mental Health – Request for approval of a modification to the multiyear contract with Ramsell Corporation doing business as Professional Management Development Corporation, in the amount of $130,000, to provide fiscal intermediary services under the San Francisco Mental Health Plan, and to extend the term of the existing contract for the period of

July 1, 2000 through June 30, 2002, for a total contract value of $1,544,020. (DPH contracted with Ramsell for services totaling $707,010 during FY 2000-01).
**Calendaring request memo, Letter from Ramsell*

(3.10) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Recreation Center for the Handicapped (RCH), in the amount of $136,552, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for a total contract value of $337,924, for the period of July 1, 1997 through June 30, 2001. (DPH is in the process of contracting with RCH for services totaling $84,481 during FY 2000-01).
** Calendaring request memo, Monitoring report summary*

(3.11) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Regents of the University of California San Francisco (UCSF) Center on Deafness, in the amount of $294,791, to provide mental health services and case management for adults, substance abusing clients, HIV/AIDS clients and a special education program for children targeting the deaf and hard of hearing population, for a total contract value of $1,344,135, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with UCSF for services totaling $10,581,353 during FY 2000-01).
** Calendaring request memo, Monitoring report summary*

(3.12) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Support for Families of Children with Disabilities (SFCD) to increase funding in the amount of $99,000, to cover the period of April 1, 2001 through June 30, 2001, to continue to provide a variety of mental health services targeting families of children with mental health issues and special needs, for a total contract amount of $369,000 for the period of April 1, 2000 through June 30, 2001. (DPH contracted with SFCD for services totaling $270,000 during FY 2000-01).
**Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF JUNE**
**List of Awardees*

6) **FOR DISCUSSION:** **UPDATE ON EMEREGENCY MEDICAL SERVICES (EMS) SYSTEM ACTIVITIES**
**Report*

7) **FOR DISCUSSION AND PROPOSED ACTION:** **HEALTH CARE ACCOUNTABILITY ORDINANCE**
**Report*
**Proposed resolution*

8) **FOR DISCUSSION:** **PROGRAM REPORT ON WELLNESS CENTERS**
**Update*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **CLOSED SESSION**

A. Public comments on all matters pertaining to the closed session**

B. Vote on whether to hold a closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

C. Closed session pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

D. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

11) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

City and County of San Francisco

Emergency Medical Services Section
Department of Public Health
Population Health and Prevention

MEMORANDUM

June 19, 2001

TO: Honorable Roma Guy
President
San Francisco Health Commission

THROUGH: Mitchell Katz MD, MPH
Director of Public Health

FROM: John F. Brown, MD, MPA
Medical Director

SUBJECT: Emergency Medical Services System Update

We are pleased to present to you the June 2001 update from the EMS Section. Brief updates on the following programs are included in this report.

- EMS System Annual Report
- Impact of Critical Care Diversion Report
- Ambulance Diversion and Emergency Department Overcrowding in San Francisco Report
- Rapid Paramedic Response System Overview

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1 copy
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Thank you for your continued support of these important programs.

1540 Market Street, Suite 220 • San Francisco, CA 94102-6052
(415) 554-9960 • FAX (415) 241-0519
www.dph.sf.ca.us/ems

San Francisco Department of Public Health
Emergency Medical Services Section

Annual Report
Year 2000

Presentation to the San Francisco Health Commission
by John Brown, MD, MPA, FACEP
Medical Director
Emergency Medical Services

June 19, 2001

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EXECUTIVE SUMMARY

In the summer of the year 2000, the San Francisco Department of Public Health Emergency Medical Services (EMS) Section began a Strategic Planning Process through which we collaboratively developed our Mission, Vision, Values, and Goals. We established a new foundation focused on our role as EMS System leaders, guided by the health care needs of the EMS community. As we approach the end of the fiscal year, we will take note of our accomplishments, evaluate our progress and direct our goals and objectives to lead the EMS system according to our Mission and that of the San Francisco Department of Public Health.

One of our goals is to improve communication with our stakeholders. Since our initial planning process, we have resumed publishing our quarterly newsletter "EMS in the City", established more convenient means of contact through email and have developed a new, more comprehensive website that contains, among other items, our local policies, procedures and publications. We streamlined our public comment process and established a procedure for EMS stakeholders to review and provide feedback on public comment policies through our website. We reevaluated our EMS Stakeholder meetings and proposed a new advisory committee structure, reducing the previous eight committees to three, which we believe are more inclusive and representative of the EMS community. This policy was reviewed and approved through the EMS Section public comment process and the new committees began meeting in March of 2001. Our challenge for the coming year will be to develop and implement an EMS System Communications Plan. We will accomplish this through our community-based, quality-driven process as we evaluate the current system, and set our objectives toward reaching the goal of establishing direct communication between all EMS providers, both for daily operations and in the event of a disaster.

The EMS Section continues to lead the EMS System in Disaster Planning. Over the past several years we have developed the DPH Emergency Response Plan and participated in the development of the Citywide Emergency Operations Plan. The Metropolitan Medical Response System (MMRS) plan has been developed and we will now focus our efforts on the health care response to potential bioterrorist events. The EMS Section Policy on level 1 Multicasualty Incidents (MCI) was revised through a collaborative effort with the City's Police and Fire Departments as well as the local hospitals, and was released for public comment in early March 2001. We will continuously evaluate these programs for their operational efficacy through multi-agency disaster drills and through a yet to be developed Quality Improvement Plan for critical incidents.

The EMS Section currently maintains a system of receiving EMS System data from the 911-dispatch center and the field providers and maintains a sentinel event reporting system through our unusual occurrence process. Through our strategic planning process and various stakeholder meetings, we recognize the need for a focused and comprehensive Quality Improvement Plan. Over the next year, our challenge is to achieve consensus of our stakeholders on a standardized method of evaluating the quality of patient care in the San Francisco EMS System; one that ultimately results in a more accurate method of identifying the health care needs of the EMS

patient population. We recognize that we can only improve the care of the patients we serve if we can accurately identify their needs.

By focusing on the needs of the EMS System patient population, we are advocating change; change in the Medical Dispatch Standards, designed to improve communication between the public and the emergency medical dispatcher which we believe will result in an improved system of care even before the EMS personnel arrive on the scene. We advocate for change in the response configuration of the EMS System, one which will provide a paramedic on the rapidly responding fire engine and will result in more immediate access to advanced life support in all areas of the City. We advocate for a comprehensive and collaborative system of care for injured patients through the development of our regional Trauma Plan, a program which is supported by a grant from the California EMS Authority.

Sometimes interfering with our daily efforts toward coherent system planning are crises. Most notable within the past year: the California Energy crisis which resulted in rotating power outages and hospital emergency department overcrowding which caused high rates of ambulance diversion. These two issues share common elements: their cause is not within our direct control and yet each may affect the EMS patient population and therefore call upon our duty to respond. The EMS Section has developed a duty officer response system so that two members of our staff are available 24 hours a day to respond to a potential threat to the integrity of the 911 EMS System, such as an increase in hospital diversion or stage three energy crisis.

This year poses many challenges for our EMS System. We look forward to meeting these challenges and invite each as an opportunity for improving the quality of emergency care this system provides to the residents and visitors of the City and County of San Francisco.

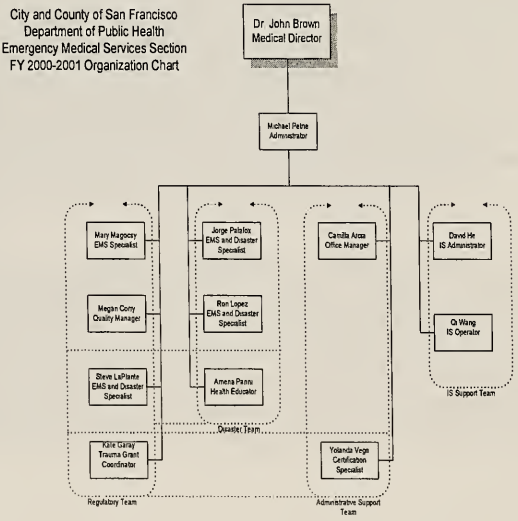
I. EMS SYSTEM ADMINISTRATION AND MANAGEMENT

Organizational Structure of the EMS Section

The Department of Public Health EMS Section through a strategic planning process evaluated the staff and services we provide to the San Francisco community in our role as EMS System planners and regulators. We implemented several changes to our organizational structure based upon the changing health care needs of EMS patients. To focus and excel in our core function as EMS System leaders, we divested two prevention programs. *The Stop Red Light Running Campaign* and the *Child Passenger Safety Seat Program* moved to the Health Promotions Section, where the personnel have the expertise to fulfill the objectives of these important prevention programs. The organizational chart shown below illustrates our current structure, which contains two main branches, Regulatory and Disaster.

The Regulatory branch directs the development and enforcement of EMS policy, and collaborates with stakeholders on issues of EMS Communications, Operations and Clinical Quality Improvement. The Disaster branch leads the EMS System and the Department of Public Health in the planning of our healthcare response to a citywide disaster, collaborates with stakeholders to ensure a multi-agency approach to disaster management, and maintains the City and County of San Francisco's Disaster Registry Program.

In the year 2000, two new EMS Section personnel were hired to fill positions vacated in late 1999: Michael Petrie became the new EMS Section Administrator after several years with this Section as the Prehospital Coordinator and Megan Corry became the Quality Manager. In addition, the EMS Section hired a Trauma Specialist, Kate Garay on a grant from the State of California EMS Authority to coordinate the revision of the EMS System Trauma Plan.



II. EMS COMMUNICATIONS

Medical Dispatch

The San Francisco EMS System utilizes Criteria Based Dispatch (CBD) to evaluate and triage calls for emergency medical assistance. In April of 2000, the City and County of San Francisco transferred Fire and Medical Operations to the new Emergency Communications Department (ECD) located at the Combined Emergency Communications Center (CECC) at 1011 Turk Street. The EMS Section conducted two separate systematic evaluations of the medical dispatch system in the year 2000, and recommended to EMS Stakeholders that the San Francisco EMS System consider transitioning to the Advanced Medical Priority Dispatch System (AMPDS). This dispatch system has advantages over the currently used San Francisco CBD system since it has an validated dispatcher certification program, standard performance expectations, a rigorous quality improvement program and most importantly, a foundation of evidence that demonstrates efficacy in urban EMS Systems nationwide. The EMS Section will take these recommendations to the Director of the new Emergency Communications Department to move forward with this system recommendation.

III. EMS RESPONSE

Response Configuration

Before November 2000, any person who called 911 in San Francisco (with the exception of cell phones and phones located in the Presidio), would be connected to the Primary Public Service Answering Point (PSAP), the San Francisco Police Dispatch Center located at 850 Bryant Street. If the call was a medical emergency or a fire, the caller was transferred to a separate Fire/EMS dispatch center. On November 12, 2000, the San Francisco Police Department joined the Fire Department and Emergency Medical Services and transferred dispatch functions to the new Combined Emergency Communications Center. Callers now reach the Police, Fire and Emergency Medical Services with a single connection.

The majority of Emergency Medical Services incidents that enter the 911 system are dispatched to the San Francisco Fire Department. Emergency Medical Technicians staff each of the 43 Engines stationed throughout the City and two paramedics staff the 20-25 Fire Department ambulances located at various fire stations. Two private ambulance providers, American Medical Response and King-American Ambulance, provide advanced life support back-up to our 911 EMS System during times of peak volume. The EMS Section licenses two Basic Life Support Providers, Bayshore Ambulance and St. Joseph's Ambulance, to provide interfacility transfer service within the City limits.

In April 2000, the San Francisco Fire Department prepared a Pilot Program proposal, consistent with the recommendations from the 1996 EMS Reconfiguration Plan, for the roll-out of a Split Paramedic Response System. This system would establish an operational change to the response configuration of the EMS System by placing one paramedic on each fire engine thereby making it advanced life support (ALS) capable. In this proposed system, transport ambulances would be staffed with one paramedic and one firefighter/EMT.

The EMS Section is reviewing the recently revised SFFD Pilot Program proposal, now entitled "Rapid Paramedic Response System." We will work with the Fire Department and the EMS Stakeholders through our Clinical Advisory Committee to evaluate this program and its effectiveness through a coordinated Quality Improvement process.

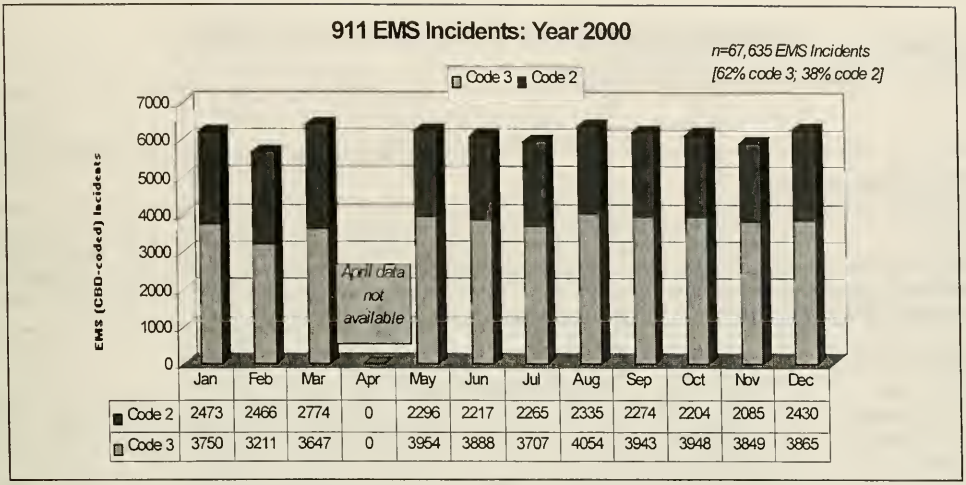
EMS Personnel

The San Francisco EMS Section certified 333 Emergency Medical Technicians (135 new; 198 renewal), and 48 Paramedics in the year 2000. The EMS Section continues to use a finger-print based background check process through the Department of Justice to ensure that Emergency Medical Technicians certified to work in the City and County of San Francisco do not have disqualifying criminal histories.

Training Programs

The City and County of San Francisco currently has two training academies for persons pursuing EMS careers. The Community College District at the John Adams Community College Campus maintains an Emergency Medical Technician Program, a 13-unit course with didactic and clinical components, which fulfill the requirements of the State of California and U.S. Department of Transportation for EMT-1 certification. Paramedic level instruction is offered at the EMS Academy through the City College of San Francisco Department of Health Care Technology in collaboration with the San Francisco Fire Department. Paramedics are licensed by the State of California EMS Authority and accredited locally by the San Francisco Department of Public Health EMS Section. By the year 2003, the EMS Academy will be reviewed by the Joint Review Commission (JRC) and will be required to maintain JRC certification.

911 EMS Call Volume



In the year 2000, the San Francisco EMS System received over 67,000 calls for medical assistance through the 911 Emergency Medical Dispatch Center. Of these medical emergencies, 62% were categorized as code three, which required immediate response ("red lights and sirens") from the closest fire engine/first responders in addition to the closest advanced life support capable ambulance. The remaining 38% of medical emergencies required code two response, immediate assistance from the closest ambulance.

The overall volume of EMS incidents is not a significant change from the1999 overall volume of approximately 72,000 incidents and the ratio of code three to code two calls remains unchanged. Note that data are missing for the month of April due to the transfer of EMS dispatch function to the new Combined Emergency Communications Center. Estimating the April EMS volume based upon the previous two years results in the comparable overall annual volume of approximately 72,000 EMS incidents for the year 2000.

Year 2000 EMS Volume Report													
	Jan	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Total**
				(4/12-4/30)									
Total EMS Incidents	**6223**	**5677**	**6421**	*no data*	**6250**	**6105**	**5972**	**6389**	**6217**	**6152**	**5934**	**6295**	**67635**
Code 3	**3750**	**3211**	**3647**	*no data*	**3954**	**3888**	**3707**	**4054**	**3943**	**3948**	**3849**	**3865**	**41816**
Code 2	**2473**	**2466**	**2774**	*no data*	**2296**	**2217**	**2265**	**2335**	**2274**	**2204**	**2085**	**2430**	**25819**
% code 3	**60%**	**57%**	**57%**	*no data*	**63%**	**64%**	**62%**	**63%**	**63%**	**64%**	**65%**	**61%**	**62%**
% code 2	**40%**	**43%**	**43%**	*no data*	**37%**	**36%**	**38%**	**37%**	**37%**	**36%**	**35%**	**39%**	**38%**
IRP Responses	*7%*	*8%*	*7%*	*no data*	*6%*	*5%*	*6%*	*5%*	*3%*	*3%*	*5%*	*5%*	*6%*

Ambulance Response Times

Year 2000 Ambulance Response Intervals *Response intervals are reported in 90th percentile*	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Overall Ave.*
SFFD ***(ambulances only)***				*(4/12-4/30)*									
LT *(Life-threatening)* Code 3				*10.08*	7.3	9.15	8.31	8.37	8.37	8.59	10.05	7.42	***8.63****
Code 3	9.97	9.92	10.51	*9.04*	8.52	8.56	9.14	9.03	9.12	9.00	8.41	8.38	***9.13****
Code 2	19.62	20.14	20.8	*14.52*	15.05	15.33	14.46	14.56	15.12	15.09	14.19	14.37	***16.10****
**Cut-over to new dispatch center-data currently unavailable; **data from April-Dec not according to standard response time definition of "call entered at dispatch to time of ambulance arrival on scene"; data provided by ECD only "Roll time" which is defined as the "ambulance dispatch time to time of ambulance arrival on scene".*													
King-American													
Code 3													
IRP	5.22	4.85	4.47	4.37	4.74	4.30	4.44	4.95	4.67	4.61	5.05	6.11	***4.82***
Private	6.75	7.15	6.65	6.67	7.31	6.90	7.15	6.51	5.77	6.63	6.50	6.86	***6.74***
Overall:	5.96	6.06	5.47	5.38	6.07	5.54	5.32	5.54	5.36	5.72	5.80	6.43	***5.72***
Code 2													
IRP	9.32	9.73	10.18	9.21	9.59	9.35	11.4	11.08	10.61	10.62	11.2	11.80	***10.34***
Private	8.99	15.56	14.79	16.67	11.73	13.84	12.47	13.33	13.64	10.37	13.96	10.53	***12.99***
Overall:	9.23	11.5	12.21	11.21	10.65	10.95	11.67	11.84	11.83	10.51	12.44	11.27	***11.28***
AMR													
Code 3													
IRP	8.55	8.30	8.78	8.10	7.75	7.83	7.13	8.03	7.28	7.78	7.25	6.97	***7.81***
Private	9.15	10.00	9.75	10.28	9.88	10.25	9.75	9.27	11.2	9.67	10.42	10.00	***9.97***
Overall:	8.90	9.22	9.32	8.82	9.28	9.43	9.03	8.58	8.63	8.62	9.12	9.12	***9.01***
Code 2													
IRP	17.60	16.60	17.00	17.37	16.88	16.00	15.6	15.22	16.13	16.68	16.83	16.93	***16.57***
Private	26.63	26.48	24.83	22.73	27.88	25.05	23.58	19.6	24.03	23.82	28.70	25.48	***24.90***
Overall:	22.05	19.82	20.10	19.40	19.15	22.55	19.83	18.32	21.78	20.68	20.68	20.68	***20.42***

The San Francisco EMS Section response time standards for advanced life support ambulances are as follows:

Incident:	Response time standard for 90% of responses (90th percentile)
Code 3 life-threatening:	8:00 minutes
Code 3:	10:00 minutes
Code 2:	20:00 minutes

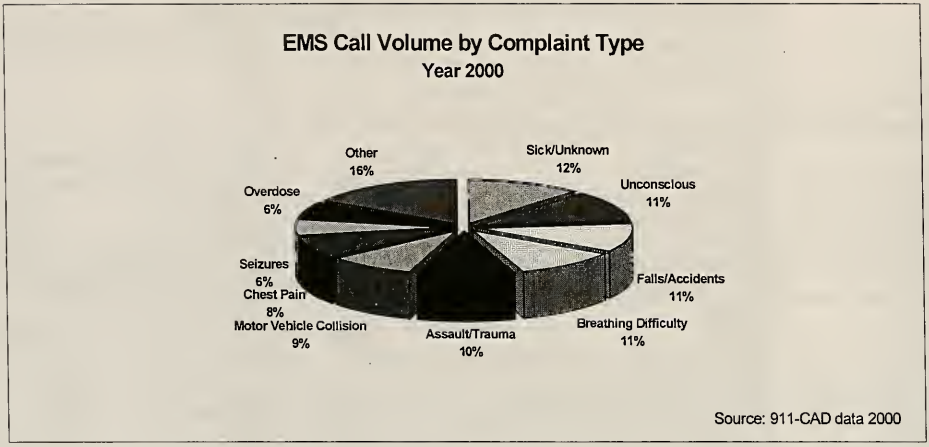
A response time interval is defined in EMS Section policy as the interval from the time of call receipt at the dispatch center to the time of advanced life support ambulance arrival on the scene of the incident. In the first quarter of 2000, data submitted from each of the ALS providers included response times according to this definition. After the time of the transfer to the new 911-dispatch center in April of 2000, these data were not reported according to the local standard. The EMS Section is currently working with the ALS ambulance providers and the Emergency Communications Department to establish a standard set of response intervals and data definitions so that each provider reports the same data elements according to the local and State standards.

Types of EMS Incidents*

Category	TOTAL	% of total
ABDOMINAL PAIN	2593	3.9%
ALLERGIC REACTION	321	0.5%
ALS INTERFACILITY TRANSFER	123	0.2%
ALS RESPONSE TO MUTUAL AID REQUEST OR MCI	5	0.0%
ALS RESPONSE TO UNKNOWN SCENE	14	0.0%
ANIMAL BITES	146	0.2%
ASSAULT/TRAUMA	6909	10.4%
BLEEDING (NON-TRAUMATIC)	1471	2.2%
BREATHING DIFFICULTY	7185	10.8%
BURNS/THERMAL/ELECTRICAL/CHEMICAL	90	0.1%
CARDIAC ARREST	518	0.8%
CHEST PAIN/DISCOMFORT/HEART PROBLEMS	5120	7.7%
CHOKING	254	0.4%
DIABETIC	1057	1.6%
DROWNING/NEAR DROWNING/DIVING OR WATER-RELATED INJURY	18	0.0%
ENVIRONMENTAL EMERGENCIES	310	0.5%
FALLS/ACCIDENTS/CUTS,BUMPS,BRUISES	7224	10.8%
GYNECOLOGY/MISCARRIAGE	160	0.2%
HEADACHE	244	0.4%
MENTAL/EMOTIONAL/PSYCHOLOGICAL	1191	1.8%
MOTOR VEHICLE ACCIDENT (MVA)/MOTORCYCLE ACCIDENT	6098	9.1%
NEUROLOGICAL/HEAD INJURY/ALTERED MENTAL STATUS	360	0.5%
OVERDOSE/POISONING	3981	6.0%
PREGNANCY/CHILDBIRTH	414	0.6%
SEIZURES	4052	6.1%
SICK (UNKNOWN)/OTHER	8038	12.1%
STROKE (CVA)/TIA	1420	2.1%
UNCONSCIOUS/UNRESPONSIVE/SYNCOPE	7389	11.1%
TOTAL:	66705	100.0%

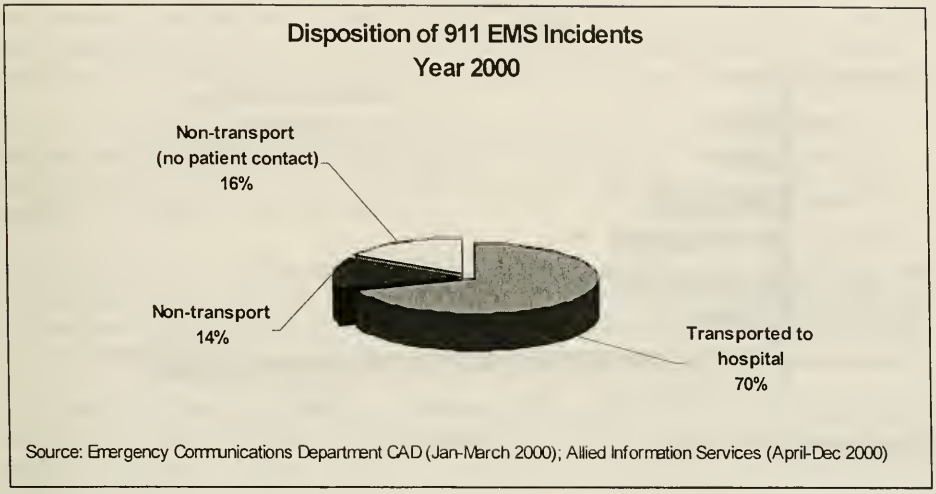
**Excluding data from April 2000 due to change over to the new Dispatch Center*

According to Emergency Medical Dispatch Standards, EMS call-takers evaluate the needs of the patient by asking a standard series of questions. The call-taker then categorizes the complaint type using a standard set of Criteria Based Dispatch (CBD) codes. CBD has 28 general categories that dispatchers choose from based upon the information that they obtain from the caller. The table above illustrates the distribution of CBD incident categories for EMS incidents in the year 2000. The distribution of call types is not significantly different from that of the past two years. Dispatch call type is only one way to evaluate the EMS call-type distribution and is based solely upon the call-taker's determination of the patient complaint. In the coming year, the EMS Section plans to collect prehospital patient care record and eventually hospital outcome information so that we can develop a more accurate picture of the health issues in the San Francisco EMS patient population.



The most common single CBD category assigned to an EMS incident is for Sick/Unknown complaints (12% of EMS incidents). This category includes generalized health complaints such as weakness, dizziness and/or general malaise, or those for which there are multiple non-specific complaints or too little information to categorize. Trauma due to falls and/or accidents, assaults and motor vehicle collisions collectively account for 30% of all EMS incidents. Major medical emergencies such as respiratory complaints, chest pain and seizures account for 25% of all EMS incidents. Drug overdose accounts for at least 6% of all EMS incidents and likely under estimates the true number of drug overdoses due to the overlap between unconscious, seizure, altered mental status and other CBD complaint types. The distribution of these most common complaint categories has not changed significantly over the past two years.

Disposition of EMS Incidents



Non-transports with Patient Contact: 36% Patient declines transport; 8% Patient refused transport against medical advise (AMA); 55% Other (SFPD to handle, Mobile Assistance Patrol, Medical Examiner's Case, etc.)

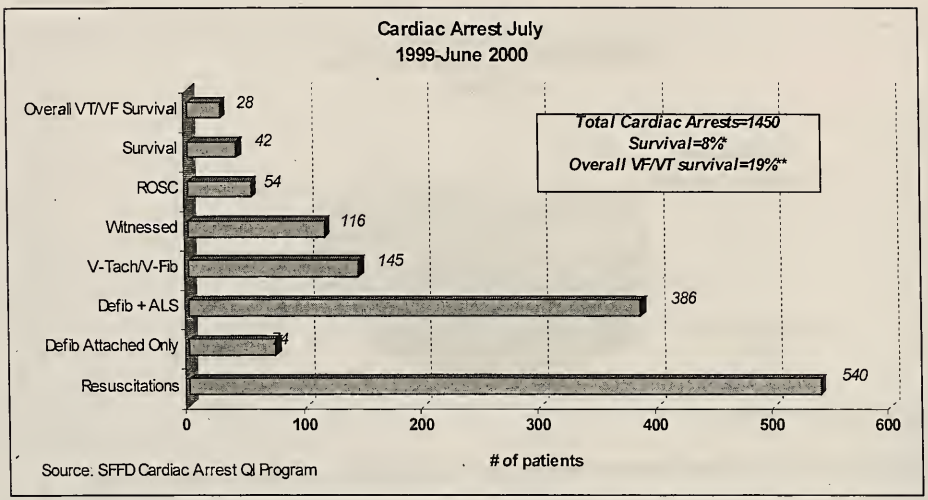
Relative disposition of EMS incidents has remained unchanged over the past five years despite an absolute increase in total volume of EMS incidents since the early 1990's. In the year 2000, of the estimated 72,000 EMS incidents, over 50,000 (70%) resulted in transportation of a patient or patients to a receiving hospital emergency department. The remaining 30% of EMS incidents were not tranported due to no medical merit (no patient contact) or patient refusal for treatment and/or transport.

Ambulance Charges

The following table summarizes the rate structures of San Francisco ambulance service providers:

Type	Average 1999	Average 2000
ALS Base rate	575.25	687.50
BLS Base rate	314.83	398.50
Average charge per mile	12.53	15.33

Cardiac Arrest Outcomes in San Francisco



*Number of Survivors/Resuscitations
**Number of VT-VF Survivors/VT-VF subgroup

ROSC=Return of spontaneous circulation
V-Tach or VT= ventricular tachycardia
V-fib or VF= ventricular fibrillation
ALS=Advanced Life Support
Survival=alive at discharge from the hospital

Of the 1450 cardiac arrest patients in the San Francisco EMS System, 910 (63%) were pronounced dead on the scene without resuscitative efforts. Of the remaining 540, the overall survival for the period of July 1999 - June 2000 was 8%. Survival for patients who initially presented with a ventricular tachycardia or ventricular fibrillation was 19%. Bystanders performed cardiopulmonary resuscitation (CPR) in only 14% of all witnessed cardiac arrest incidents. The EMS Section recently completed a study that evaluated the factors associated with the performance of bystander CPR in San Francisco and found that fear for personal safety, lack of confidence in performance skills and general apathy are major psychological barriers to learning and/or performing CPR.

Public Access Defibrillation (PAD)

Several newly published clinical research trials have demonstrated success of early defibrillation in cardiac arrest using nontraditional personnel trained to use an Automatic External Defibrillator (AED). The results of these studies underscore the need for EMS Systems to evaluate the need for defibrillation programs, which utilize non-EMS personnel in locations where access to early defibrillation may be compromised. The State of California recently passed SB911, which protects from liability, any layperson acting in good faith to assist a person in cardiac arrest using an AED as part of an approved PAD program. In 1999, the San Francisco EMS Section began a

program to develop and implement PAD programs in the City and County of San Francisco. A complete list of the PAD training programs, vendors and prescribing physicians is listed on the EMS Section website.

As of the end of the year 2000, the San Francisco EMS Section has approved 10 PAD programs and 4 prescribing physicians for these programs. In addition, the San Francisco International Airport initiated a PAD program, which is regulated by the San Mateo County EMS Agency.

The EMS Section is working with the American Heart Association's Operation Heartbeat program which is designed to strengthen the links in the chain of survival that address 911 access, bystander CPR and early defibrillation. The goal of the EMS Section is to increase cardiac arrest survival in San Francisco by:

- increasing the rate of bystander CPR through call-taker assisted prearrival instructions, and
- coordinating AED location information with the Emergency Communication Department's computer assisted dispatch (CAD) database so that call-takers can direct the bystander to a nearby defibrillator

We will work with the Emergency Communications Department and the EMS Section Clinical Advisory Committee to incorporate these elements into the San Francisco EMS System Quality Improvement Plan.

National Park Service

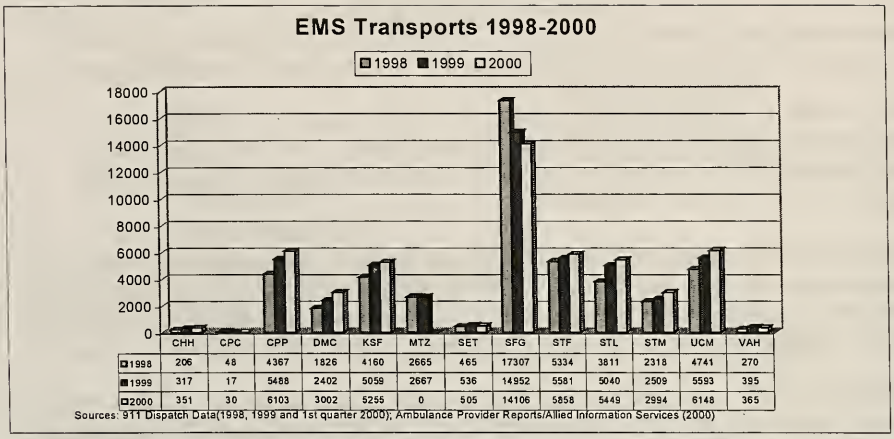
The National Park Service/Presidio Fire Department is the Advanced Life Support (ALS) Provider for the local Golden Gate National Recreation Association (GGNRA) territories including Ocean Beach, the Presidio and Crissy Field. In the year 2000, the National Park Service responded to over 350 calls for Emergency Medical assistance. The following tables summarize the call types and transport distributions.

Type of Call	Total #	# Requiring ALS Intervention
Trauma	214	78 (36%)
Medical	143	47 (33%)
		(19 cardiac patients; 3 cardiac arrests with 2 survivals)
Fatalities	11 (4 jumped from GGB; 3 drownings at Baker Beach)	N/A

Hospital	SFG	CPP	UCS	STM	KSF	DMC	VAM	STF	STL	CHN	SET	MGH
NPS transports	41	93	22	25	31	2	5	4	1	3	1	8

IV. EMS TRANSPORTATION

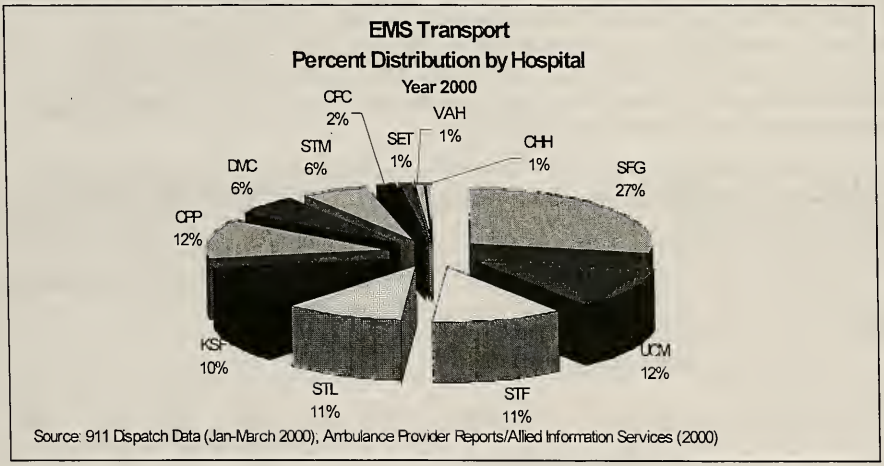
Distribution of EMS Patients



	CHH	CPC	CPP	DMC	KSF	MTZ	SET	SFG	STF	STL	STM	UCM	VAH
1998	206	48	4367	1826	4160	2665	465	17307	5334	3811	2318	4741	270
1999	317	17	5488	2402	5059	2667	536	14952	5581	5040	2509	5593	395
2000	351	30	6103	3002	5255	0	505	14106	5858	5449	2994	6148	365

Sources: 911 Dispatch Data(1998, 1999 and 1st quarter 2000); Ambulance Provider Reports/Allied Information Services (2000)

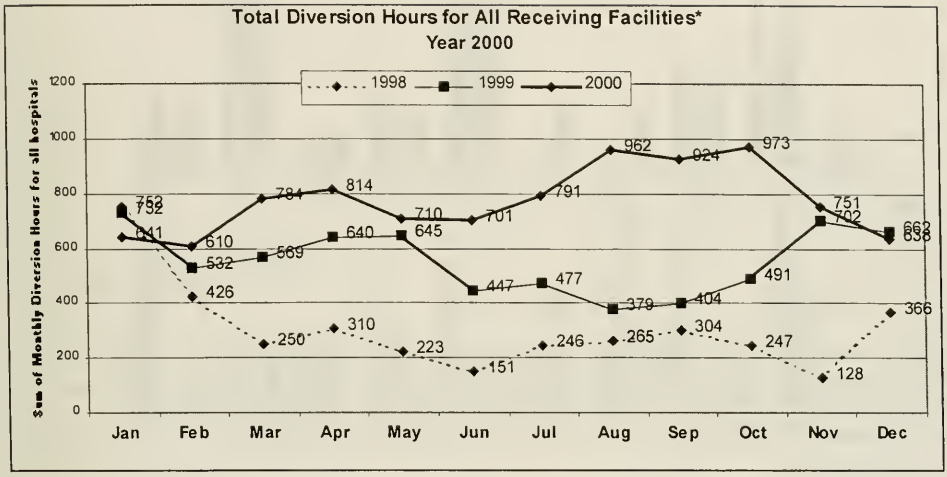
CHH=Chinese Hospital; CPC=California Pacific Medical Center-California Campus (OB only); CPP=California Pacific Medical Center-Pacific Campus; DMC=California Pacific Medical Center-Davies Campus; KSF=Kaiser Permanente (Geary St.); SET=Seton Medical Center (San Mateo County); SFG=San Francisco General Hospital; STF=St. Francis Memorial Hospital; STL=St. Luke's Medical Center; STM=St. Mary's Medical Center; UCM=University of California at San Francisco Medical Center; VAH=Veteran's Administration Medical Center.



Source: 911 Dispatch Data (Jan-March 2000), Ambulance Provider Reports/Allied Information Services (2000)

The relative EMS patient transport distribution has not changed significantly; however, with the exception of San Francisco General Hospital, the overall number of EMS patients transported to hospital emergency departments has steadily increased between 1998 and 2000. One possible explanation for the reduction in EMS patients transported to San Francisco General Hospital is the increase in the overall hours this hospital diverted ambulances in the year 2000.

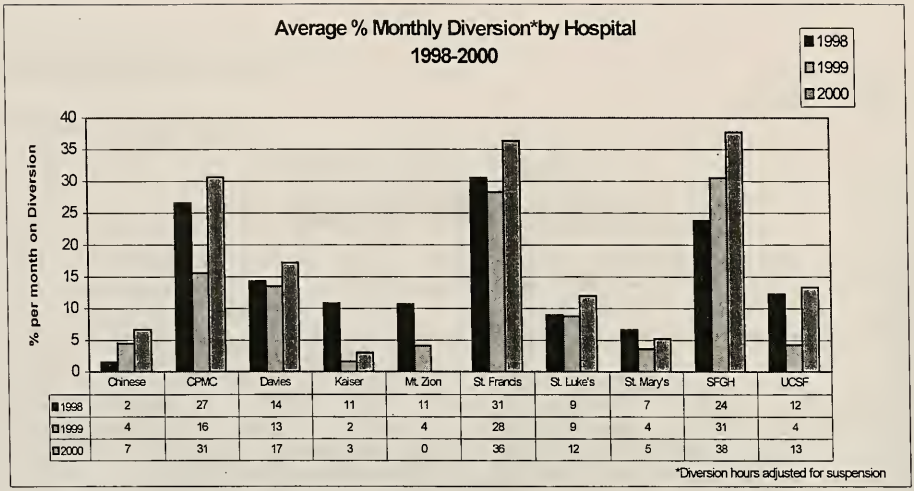
Ambulance Diversion



In April of 2000, the San Francisco EMS System began using the Hospital Administration Resource Tool (HART) to monitor hospital emergency department diversion status and for polling of resources in the event of a multicasualty incident or citywide disaster. The HART system is internet-based and password-protected so each hospital emergency department can enter their diversion status or MCI patient capability directly into the system. The 911-dispatch center monitors the changing status of emergency departments and communicates these changes to the ambulance personnel. The EMS Section compiles monthly diversion reports from the data extracted from the HART system hospital diversion logs.

Overall, as the graph above illustrates, total hours of diversion for all receiving hospital emergency departments have increased dramatically over the past two years. The reasons for this increase are multifaceted and most likely due to an overall decrease in hospital capacity. Reduced inpatient capacity, emergency department overcrowding and high rates of ambulance diversion are interrelated and a nationwide problem. Locally, the San Francisco EMS System experienced a reduction in EMS capacity with the closure of Mt. Zion Emergency Department in November of 1999.

The EMS Section is completing an evaluation of the San Francisco EMS System ambulance diversion issue in a report, which will be released in late May 2000.



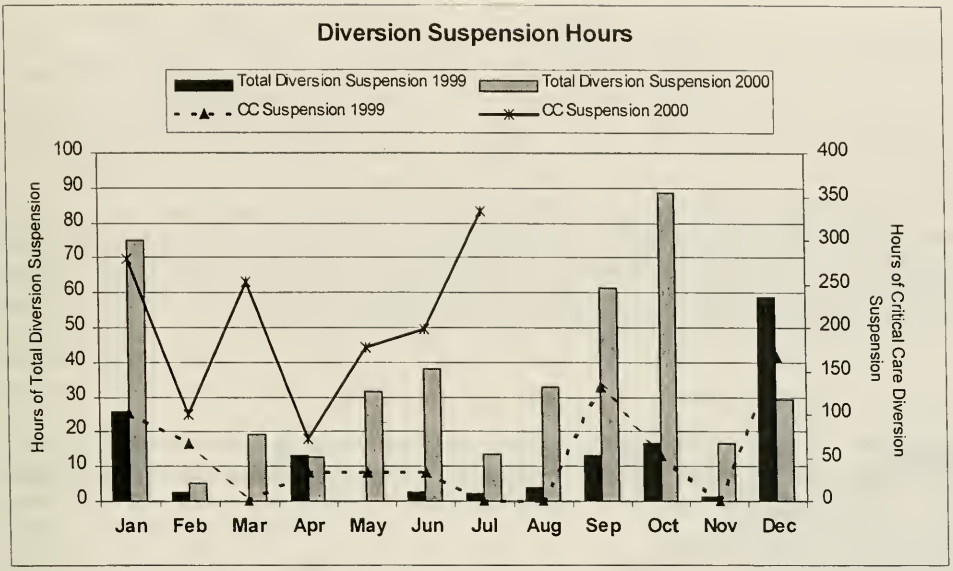
	Chinese	CPMC	Davies	Kaiser	Mt. Zion	St. Francis	St. Luke's	St. Mary's	SFGH	UCSF
1998	2	27	14	11	11	31	9	7	24	12
1999	4	16	13	2	4	28	9	4	31	4
2000	7	31	17	3	0	36	12	5	38	13

(NOTE: Mt. Zion Emergency Department closed in November of 1999)

With the exception of Kaiser Permanente Medical Center and St. Mary's Medical Center, hospital emergency department monthly diversion rates have risen over the past two years. San Francisco General Hospital, St. Francis Memorial Hospital and California Pacific Medical Center have spent on average, one-third or more of the month on total diversion in the year 2000.

Comparing the EMS transport distribution to the chart above, with the exception of San Francisco General Hospital, the EMS volume of patients transported to a facility is not directly correlated with % monthly diversion. For example, several hospitals receive approximately 10% of the EMS transports or about 5000 EMS patients per year, however the diversion rates vary widely among these emergency departments. Therefore, the capacity of the emergency department to receive EMS patients in addition to patients who arrive by other means and the ability to effectively move patients through to admission or discharge are important factors to consider when evaluating the possible causes of increasing ambulance diversion rates.

Diversion Suspension



The EMS Section must maintain the integrity of the 911 Emergency Medical Services System. When hospital emergency departments divert ambulance patients, the ambulance must take that patient to another, often farther, emergency department. When four or more receiving hospital emergency departments are on total diversion, the 911-dispatch center notifies the EMS Section primary duty officer who may decide to suspend total diversion. Total diversion suspension immediately overrides all diversion and allows EMS patients to be transported to any receiving facility regardless of the declared diversion status.

In August 2000, the EMS Section discontinued the use of Critical Care (CC) diversion, which was initially designed to divert ambulance patients who would most likely be admitted to the intensive care unit of the receiving hospital. Several factors, including high rates of CC diversion suspension and level of complexity for field personnel to determine the hospital disposition of EMS patients, led to our decision to discontinue CC diversion. In addition, CC diversion rates are affected by inpatient capacity and hospital staffing and should not threaten the integrity of the 911 EMS System. The EMS Section will continue to evaluate the diversion data as well as invite EMS Stakeholders through our Advisory Committees to provide input on this important issue.

Total Diversion suspension was three times higher overall in the year 2000 than in 1999. The EMS Section believes that reduced capacity of our local hospitals and emergency departments is a major factor in the increasing rates of ambulance diversion.

Specialty Care: City and County of San Francisco EMS Trauma Plan

In 1990, the California EMS Authority approved the original Trauma Plan for the City and County of San Francisco EMS System. Since this time, the State of California has made significant changes in the California Code of Regulations governing Trauma Systems (Title 22, Division 9, Chapter 7). In the year 2000, the EMS Section hired a Trauma Specialist to coordinate the revision of the San Francisco Trauma Plan. After soliciting stakeholder input, the EMS Section released a draft Trauma Plan for public comment. The plan calls for a new approach to the care of not only the most critically injured patients, but to all who are injured in the City and County of San Francisco. The plan maintains that the best possible care for injured patients can be achieved through a Trauma System approach, including not only the specialized Trauma Center, but all receiving hospitals, rehabilitation centers and psychosocial services. The public comment policy will be reviewed by the EMS Section Clinical Advisory Committee and the final document will be presented to the Health Commission in July 2001.

The following table summarizes Trauma Center activations for the year 2000:

Category	1999	2000
Trauma team activation ("911" = critical patients) patient admitted to the hospital	531	575
Trauma team activation "912" = serious patients admitted to the hospital	407	393
"910" = pediatric trauma patients admitted to the hospital	66	51
Total Trauma Admission	1004	1019
Total patients meeting Trauma team activation criteria (EMS and other transport)	2662	2884
San Mateo County ambulance transports to the Trauma Center	298 (150 admitted)	297 (168 admitted)

SOURCE: SFGH Trauma Center Data

IV. EMS DATA COLLECTION AND EVALUATION

Data Programs and Quality Improvement

The EMS Section receives monthly reports from each of the Advanced Life Support providers and the 911 Medical Dispatch Center according to EMS Section Policies 2000: Quality Assurance Plan, and 2120 Advanced Life Support Provider Standards. These reports are only summaries of the EMS calls and often do not contain the detail for a meaningful evaluation of

the EMS System. The data provide background on system volume, response times, dispatch call types and dispositions of EMS incidents.

We are currently working with our EMS Stakeholders through our new Clinical Advisory Committee to create a standard set of clinical quality indicators for our EMS System with which we can measure quality of patient care and evaluate change toward improving quality of care. This process will continue throughout the next fiscal year as the stakeholders identify the clinically relevant indicators, develop indicator definitions and outline the methods for collecting accurate data elements that define each of the indicators.

EMS providers, both field and hospital will collect data electronically and submit to the EMS Section, where data will be stored and managed in a relational database. EMS System stakeholders will analyze the data according to the indicators they will have developed through their participation in the Clinical Advisory Committee meetings. At this point, the EMS Section will complete the EMS System Quality Improvement Plan, which will identify training needs and feed this information into the EMS Academy and each EMS Provider's clinical training programs ("closing the feedback loop").

The EMS Section monitors sentinel events in the EMS System through the Unusual Occurrence reporting system. These incidents are reviewed with EMS System Stakeholders in a confidential quality review session of the Clinical Advisory Committee, which now replaces the former Quality Improvement Council.

Research Trial Studies

The San Francisco EMS System participated in the first NIH-funded, randomized, prehospital clinical trial, *Prehospital Treatment of Status Epilepticus*, which ended patient enrollment in 1999. The Investigators completed the analysis and submitted the final results to a major medical journal. EMS Section staff presented the results of the study at the National Association of EMS Physicians (NAEMSP) in January 2000. Once the results have been published, the EMS Section will solicit input through the Local, State and National EMS experts on the recommended prehospital treatment of adult patients with status epilepticus.

The EMS Section is reviewing a program designed to study the public health function of paramedics in the field. The Investigator has completed a proposal for a retrospective, observational research study, *Factors Affecting Frequent EMS Use Among the Elderly*, and has received approval from the UCSF Committee on Human Research. Results of this study may help determine clinical and social factors, which may place the elderly at greater risk for utilizing EMS.

VI. EMS DISASTER PROGRAMS

EMS System Disaster Planning

The EMS Section Disaster Team had reached several milestones in the past year. After nearly a year of research, planning and consulting with the EMS System stakeholders, the EMS Section released the Level 1 Multicasualty Incident (MCI) Policy for public comment in March of 2001. By the end of this year we expect to have a final Level 1 MCI policy, an implementation process for EMS providers and a Quality Improvement plan for the systematic evaluation of the policy through review of actual incidents.

As part of the Metropolitan Medical Response System (MMRS), the EMS Section is now focused on the health and medical response to threats of bioterrorism. Disaster specialists have assembled a multidisciplinary task force to integrate this aspect of the MMRS plan into standard operating procedures for Police, Fire and Health Departments. In addition, EMS Section staff assist with the Health Department efforts to develop a surveillance system, which will monitor indicators (i.e. diversion rates, incidence of respiratory complaints at 911) of potential bioterrorist incidents.

Power Emergencies

Power load in the State of California is increasing relative to ability to generate power. According to the Independent System Operator (ISO), power curtailment strategies such as voluntary curtailment (Stage 2) and involuntary rotating power outages (Stage 3) are likely to continue over the next few years and are more likely to occur when the temperatures around the state exceed the average for the time of year.

In June 2000, EMS Section duty officers first responded to the Emergency Operations Center as part of the Crisis Action Team designated by the Mayor's Office of Emergency Services when the ISO declared a Stage 3 Power Emergency. Since that time, the EMS Section established an emergency information hotline for DPH employees to access the most up to date information in the event of a Stage 3 Alert and/or rotating power outages. In addition, the EMS Section implemented a duty officer response plan, compiled a list of health care facilities in San Francisco, and has recently advised on a prevention message for release to the general public about what they can do to avoid serious health issues during power outages.

We expect the power crisis to be at the forefront of the issues that confronts EMS and health providers in the coming summer months. In addition to the operational response to power crises, we will continue to encourage crisis prevention to health care providers and conservation to DPH employees.

Single Room Occupancy Building Fires

EMS Section duty officers became the primary emergency contact for the Department of Public Health response to assist displaced residents in the event of single room occupancy (SRO) building fire. We will continue to work with Department of Health Services, the American Red Cross and DPH staff to clearly define our role on these incidents and improve our ability to assess the health care needs for the victims of these incidents.

DPH Employee Disaster Training

The EMS Section is responsible for developing and implementing a disaster-training program for all Department of Public Health Employees. The EMS Section developed and implemented the DPH Employee Disaster Training Program in 1998 and began training DPH employees from various Sections. In the year 2000, we evaluated the training program and identified areas for improvement in the overall structure of the curriculum. The Health Promotions Section is working to institutionalize a revised disaster education program for DPH employees

Disaster Registry Program

Following the Loma Prieta Earthquake in 1989, local disaster planners recognized the need to monitor the health of individuals who are medically fragile. The EMS Section coordinates the Disaster Registry Program and in the summer of 1998, began enrolling clients in the Disaster Registry.

This year, key objectives of the Disaster Registry included improving the resiliency to disaster of community based organizations that serve vulnerable populations, and increasing the response capability of NERT Teams and other community-based organizations that respond to help clients during a disaster.

The Disaster Registry has over 2,100 enrolled individuals with approximately 800 new registrants enrolled in the year 2000. During the second half of this year, Disaster Registry staff will implement a marketing plan to increase the number of disaster registrants. The EMS Section will continue to focus on outreach programs and collaborate with community based organizations to identify and educate the target population.

The Disaster Registry continues to be a nationally recognized model. Ron Lopez, Disaster Registry Manager, has presented his model for community–based emergency response and care for vulnerable populations at many state and nation-wide venues.

Summary

The Department of Public Health EMS Section has undergone many changes. We have divested several prevention programs to DPH sections more capable of carrying out their goals and objectives. We have focused our internal structures and processes on our primary role as leaders and regulators of the San Francisco EMS System. By doing this, we have accomplished several goals that will guide our vision and improve EMS patient care.

Our challenge for the coming year is to evaluate our progress and renew our Strategic Plan so that we can move forward in our mission to optimize emergency care to the residents and visitors of San Francisco.

THE SAN FRANCISCO EMS SYSTEM: IMPACT OF CRITICAL CARE DIVERSION

Presentation to the
San Francisco Health Commission
by John Brown, MD, MPA, FACEP
Medical Director
Emergency Medical Services

June 19, 2001

EXECUTIVE SUMMARY

The San Francisco EMS (or medical 911) system consists of a network of prehospital providers, receiving hospitals, emergency communications, and certified personnel. San Francisco has eleven designated "receiving hospitals" although only eight of them actually participate as full receiving hospitals within the City and County. Diversion is the practice of redirecting an ambulance away from a hospital's emergency department. The intent of any diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals within an EMS System. *Total Diversion* redirects ambulances away from a hospital when its emergency department is full. *Critical Care Diversion* redirect ambulances away from a hospital when its Critical Care units are unable to accommodate additional patients. The EMS Section phased out Critical Care Diversion on August 1, 2000. Critical Care diversion was no longer used by hospitals as a "safety valve," but as a mechanism to substitute for on-going lack of critical care capacity within the hospital system.

The Critical Care Diversion system had several underlying flaws. First was the inaccurate assumption that paramedics using limited clinical criteria could accurately determine which patients would eventually need an Critical Care Unit bed. Second was growing awareness that Critical Care bed utilization is primarily influenced by a variety of internal hospital forces rather than external demands from the Emergency Medical Services system. The nursing shortage, other competing demands for hospitals beds, various in-patient clinical procedures and physician practice styles are examples of the internal hospitals forces that influence Critical Care bed utilization. Third, was the inherent complexity of the Critical Care Diversion system. Paramedics found it difficult to track which hospitals were on Total Diversion versus Critical Care diversion particularly when they were busy and the hospitals were frequently changing their diversion status. The final flaw in the Critical Care Diversion system lay with the changing general operational environment for healthcare. The EMS Section began to notice increasing Critical Care Diversion rates as early as the winter of 1995-1996. Increasing Critical Care and Total Diversion rates coincided with the closure of two local hospital emergency departments, and the emergence of a nursing shortage and hospital overcrowding issues in San Francisco and throughout the nation.

The following information highlights San Francisco's changing population, the impact of critical care and total diversion, hospital overcrowding and emergency medical service system activity:

- In 1995, the estimated resident population was 751,900. San Francisco's estimated resident population for the year 2000 is 801,400. This represents a 6.7% increase in total resident population in five years.

- EMS transports to hospitals increased from 47,515 in 1998 to 50,557 in 1999 for a 6.4% increase in EMS transports to hospitals in one year.

- In 1995, there were 230,606 Emergency Department visits for San Francisco. In 1998, that number increased to 241,861 for a 4.8% increase in Emergency Department volume in three years. Emergency Department data for 1999 and 2000 was unavailable for this report. Anecdotal information indicates that Emergency Department visits are continuing to increase at a significant pace especially since the closure of the UCSF – Mt. Zion Emergency Department in November 1999.

- On December 1, 1998, the EMS Section implemented a new Interim Diversion policy. The new policy reduced the numerical threshold for invoking a suspension of Critical Care Diversion and mandated a fixed time period for Critical Care Diversion suspension. In response, hospitals began to use Total Diversion more frequently than Critical Care Diversion.

- The increasing use of Total Diversion during the year 2000 coincided with the closure of the UCSF-Mt. Zion Hospital in December 1999. The preference for using Total Diversion over Critical Care Diversion was well underway by the time Critical Care Diversion was eliminated on August 1, 2000. Therefore, it is likely that the impact of the elimination of Critical Care Diversion on hospitals was not a significant factor for increasing the use of Total Diversion.

- There is a positive correlation between EMS system activity and the diversion suspension. However, the correlation between internal hospital activity (i.e. traditional shift changes at 3 PM or 7 PM, surgical schedules, elective procedures, patients admitted to the hospital from physician offices, and diversion avoidance strategies) and diversion has not been studied.

- Following the closure of Mt. Zion Hospital in December 1999, diversion was higher for all San Francisco hospitals in the year 2000. It is doubtful that this increase is due solely to the elimination of Critical Care Diversion in August of that year since increasing diversion trends were well underway by January 2000.

The goal of an EMS diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals participating in the EMS System. Diversion is not intended to handle prolonged periods when we are exceeding our overall hospital system capacity. We are beginning to see evidence that the Total Diversion system in San Francisco now failing. It is clear that we are experiencing difficulty managing the day-to-day demands for our hospital resources. We must act immediately to address our aggregate hospital system capacity in San Francisco.

The EMS Section recommends that San Francisco's public and private healthcare leadership convene to discuss and develop short-term and long-term strategies to improve hospital capacity and utilization to meet the health needs of San Francisco residents. The EMS Section also recommends a more in-depth investigation of the adequacy of hospital and emergency department resources for San Francisco. This investigation is an essential step in developing plans to meet the current and long-term health needs of our community. In the short-term, the EMS Section will continue to pursue operational enhancements to the EMS system that may assist hospitals to manage some of their demand for services.

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INTRODUCTION

"The Impact of Eliminating Critical Care Diversion on the San Francisco EMS System" report was prepared at the request of the Director of Health. The report provides background on San Francisco's Emergency Medical Services, diversion trends and the rationale for eliminating Critical Care Diversion in our EMS System.

EMS SYSTEM OVERVIEW

The San Francisco Department of Public Health - Emergency Medical Services (EMS) Section is the designated local emergency medical services agency for the City and County of San Francisco. The EMS Section is responsible for planning, implementing and evaluating EMS activities throughout the City and County. This includes policy development for EMS clinical care and EMS operations such as hospital diversion. Local EMS agencies authority and scope of responsibilities are derived from the California Health & Safety Code, Division 2.5 and the California Code of Regulations, Title 22, Division 9.

The San Francisco EMS (or medical 911) system consists of a network of prehospital providers, receiving hospitals, emergency communications, and certified personnel. The San Francisco Fire Department responds to the majority of prehospital EMS responses in San Francisco. Three Advanced Life Support ambulance providers – King & American Ambulance, American Medical Response, and National Park Service – handle the remaining volume. Two Basic Life Support ambulance companies, Bayshore Ambulance and St. Joseph's Ambulance, provide routine transport services and are not involved in day-to-day EMS responses.

San Francisco has eleven designated "receiving hospitals" (receives patients from the medical 911 system) although only eight of them actually participate as full receiving hospitals within the City and County. San Francisco General Hospital is the county's only licensed comprehensive emergency department and Level I Trauma Center. Seven other hospitals are licensed as basic emergency departments. These hospitals include: California Pacific Medical Center with its Pacific, and Davies Campuses; Kaiser Permanente Medical Center, University of California at San Francisco; St. Francis Memorial Hospital; St. Luke's Hospital; and St. Mary's Medical Center. Chinese Hospital, located in the heart of San Francisco's Chinatown, is licensed as a standby emergency department. The Veterans Administration Medical Center does not hold a state license since it is a federal entity, but functions in a similar manner as a standby emergency department. Both Chinese Hospital and the Veterans Administration Medical Center only receive clinically stable patients from the EMS system. Seton Hospital also receives San Francisco EMS ambulance traffic. However, Seton Hospital is located in San Mateo County and falls under the San Mateo County EMS Agency jurisdiction.

The Emergency Communications Department is the consolidated 911-dispatch center for San Francisco. Police, Fire and EMS (both public and private) 911 resources are dispatched through the Emergency Communications Department. The Emergency Communications Department manages the day-to-day operation of the hospital diversion system. The diversion system is described in detail later in this report.

THE DESTINATION POLICY

The EMS Section #8000 Destination Policy defines the hospital destination for patients transported by an ambulance. A copy of the Destination Policy is found in Appendix I. The policy has two primary objectives. The first objective is to ensure that critically ill or injured emergency patients are taken to the hospital most appropriate for their immediate medical need - regardless of ability to pay. The second objective is to support to the extent possible, established physician / patient relationships. All eleven designated receiving hospitals accept adult patients with acute medical needs. Examples of these types of clinical conditions include heart attacks, strokes, pneumonia and diabetic emergencies. Paramedics must transport patients with other clinical conditions to hospitals that have the appropriate specialty resources to manage them. Hospitals with specialty resources for EMS patients are called, "Specialty Care Facilities." There are six specialty care designations in the San Francisco EMS System: pediatrics, obstetrics, replantation, trauma, burns and psychiatry. The Destination Policy identifies the Specialty Care Facilities in San Francisco.

Delivery of patients to Specialty Care Facilities is dependent upon paramedic triage. Triage is a French word meaning "to sort." In emergency care, triage is the practice of sorting the sickest patients from the least sick to determine who needs immediate medical care. Paramedics must determine the patient's hospital destination based on a triage of a patient needs including:

- Presenting clinical condition
- Hospital preference
- No hospital preference

Patients presenting with an acute *medical* need are transported to the closest, available hospital. Patients presenting with an acute *specialty* need are transported to the closest, available, and appropriate specialty hospital. If a patient expresses a hospital preference, the paramedics will take the patient to their requested hospital if there are no overriding clinical need to go to a closer hospital or specialty care hospital. If a patient does not express a hospital preference, or there are no overriding clinical need to go to a closer hospital or specialty care hospital, the paramedic will

transport the patient to the closest available hospital. This practice allows ambulances to rapidly return to service for another 911 call.

Paramedics have physician assistance available if there are questions or issues regarding a patient destination. A "Base Hospital" located at San Francisco General Hospital's Emergency Department is staffed by emergency physicians 24-hours a day. The "Base Hospital Physicians" can provide direct medical supervision to field paramedics and are the ultimate authority in determining a patient's hospital destination. Base Hospital Physician contact is required for paramedics by some of the Prehospital Treatment Protocols. The Base Hospital Physician also provides clinical consultation on complex medical patients, medical-legal issues or deviations from the Treatment Protocols. The EMS Section Medical Director retains authority over the Base Hospital Physician.

THE DIVERSION POLICY

Diversion is the practice of redirecting an ambulance away from a hospital's emergency department before its arrival. The intent of any diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals within an EMS System. In California, the local EMS Agency determines whether hospitals are allowed to redirect (divert) ambulances away from their Emergency Departments and by what criteria they may use when redirecting ambulances. Therefore, hospital diversion practices vary by individual counties within California.

In the San Francisco EMS system, hospitals are permitted to divert ambulances only if their emergency department is at maximal patient capacity. In San Francisco, this is called *"Total Diversion."* The EMS Section #8010 Diversion Policy establishes guidelines under which Receiving Hospital Emergency Departments may divert ambulance patients when they are unable to accommodate additional patients. It also defines the role and operations of other EMS system participants such as paramedics, other hospitals and Emergency Communications Center. A copy of the current Diversion Policy is found in Appendix II.

Historically, the EMS Section Diversion Policy allowed for two types of diversion: 1) Total Diversion; and, 2) Critical Care Diversion. As noted above, Total Diversion redirects ambulances away from a hospital when its emergency department is full. *Critical Care Diversion* allowed a hospital to redirect ambulances when critical care units were unable to accommodate additional patients. The EMS Section phased out Critical Care Diversion on August 1, 2000. Critical Care Diversion is discussed in more detail later in this report.

DIVERSION SUSPENSION

As noted previously, the San Francisco EMS system functionally has eight receiving hospitals. When four or more of these receiving hospitals are on Total Diversion, the EMS Section may suspend all hospitals from diverting patients. This is called "diversion suspension." Parameters for invoking suspension are found in the EMS Section Diversion Policy.

When a hospital redirects or diverts an ambulance from its emergency department to another hospital's emergency department, transport time from the patient's initial location to a hospital is prolonged. With fewer hospitals accepting patients, the number of ambulance transports concentrates at the remaining open hospitals thereby overwhelming their resources and capacity. Those hospitals respond to this situation by instituting ambulance diversion for their facility. Thus a cycle begins that closes a succession of hospitals to ambulance traffic and, if left unchecked, would interfere with the EMS system's ability to respond to the next 911 call for assistance. Therefore, diversion suspension helps to maintain the integrity of the EMS system during periods of high demand.

DIVERSION SYSTEM DAY-TO-DAY OPERATIONS

The Emergency Communications Department manages the hospital diversion system day-to-day operations. When a hospital determines that it must divert ambulances, emergency department staff enters this information into the Hospital Resource Administration Tool (HART) - an internet-based hospital communications system. The HART website displays the diversion status of all the San Francisco hospitals on a computer screen. Computers located at all San Francisco hospital emergency departments and the Emergency Communications Center display this website. The Emergency Communications Center staff also announces via radio to all EMS paramedics whenever a hospital diversion status changes. The paramedics are also required to confirm with the Emergency Communication Department whether a hospital is open or closed to ambulance traffic prior to transporting a patient.

The Emergency Communications staff continuously monitors the HART system. When four hospitals are on diversion, the Emergency Communications staff contacts the EMS Section Duty Officer. The Duty Officer determines whether to suspend diversion based on overall EMS system activity. This assessment is done through Emergency Communication Department reports of ambulance activity and by the EMS Section Duty Officer personally contacting each hospital emergency department on diversion to assess their internal activity.

CRITICAL CARE DIVERSION & RATIONALE FOR ITS ELIMINATION

The EMS Section phased out Critical Care Diversion on August 1, 2000. Critical Care Diversion was eliminated because it was no longer meeting the goals of the Diversion Policy. Unlike Total Diversion, which closes an emergency department to all ambulance patients, Critical Care Diversion redirected certain types of clinical conditions from an emergency department. Those clinical conditions were assumed the ones most likely to need an eventual admission to a Critical Care or Intensive Care Unit bed. Clinical conditions subject to Critical Care Diversion included:

- Airway obstruction or respiratory insufficiency with inadequate ventilation.
- Potentially life threatening dysrhythmias.
- Hypotension with shock.
- Imminent respiratory or cardiac arrest.
- Chest pain in the setting of a possible myocardial ischemia.
- Hypothermia.
- Altered mental status unresponsive to Naloxone or Dextrose 50% Water.
- Status Epilepticus.

Cardiac or respiratory arrest patients were not subject to Critical Care diversion. These patients require immediate definitive care in the closest emergency department.

The EMS Section found that the Critical Care Diversion system had several underlying flaws. First was the assumption that paramedics using limited clinical criteria could accurately determine which patients would need a Critical Care Unit bed. This assumption proved to be inaccurate. Often times, there were other clinical findings outside the EMS criteria that necessitated an Intensive Care Unit admission. Conversely, some patients who met the criteria were discharged to home after evaluation and treatment in an emergency department. Paramedic clinical assessments are limited due to short transport times and the impracticality of carrying diagnostic equipment in an ambulance. Friction commonly resulted between hospital staff and paramedics when there were different interpretations of whether the patient met the Critical Care Diversion criteria.

The second flaw in the Critical Care Diversion system related to critical care bed utilization. There was a growing awareness that Critical Care bed utilization is primarily influenced by a variety of internal hospital forces rather than external demands from the Emergency Medical Services system. For example, the nurse staffing shortages is significant driver of whether hospital beds are available. The nursing shortage has forced the closure of Critical Care beds and even entire Critical Care units in hospitals across the city. Another significant influence is other

competing internal demands for hospital beds. If medical-surgical beds are unavailable, patients may not be moved from their Intensive Care beds in a timely manner. A busy surgical schedule consisting of both elective and non-elective procedures could rapidly fill Critical Care beds. Physician practice styles also influence Critical Care Unit bed availability. Some physicians prefer to send their patients to the Critical Care Units and keep them there longer than necessary because of higher nurse staffing ratios.

A third flaw in the Critical Care Diversion system was its inherent complexity. Paramedics found it difficult to track which hospitals were on Total Diversion versus Critical Care diversion particularly when they were busy and the hospitals were frequently changing their diversion status. The majority of California EMS Systems use only a single tier of diversion for emergency department overload, equivalent to Total Diversion. Other California EMS systems found that a two-tier diversion system is difficult to implement, especially during periods of high demand. A single diversion category is simpler to communicate to field personnel. Consequently, patients are more likely to go to their requested hospital during an ambulance transport.

The final flaw in the Critical Care Diversion system lay with the changing general operational environment for healthcare. The EMS Section began to notice increasing Critical Care Diversion rates as early as the winter of 1995-1996. The increasing rates and the sustained upward trend for Critical Care and Total Diversion coincided with the closure of both Children's' and UCSF-Mt. Zion Hospitals, the emergence of a nursing shortage and hospital overcrowding issues in San Francisco and throughout the nation.

Critical Care Diversion was intended to make the best use of limited hospital resources. If a hospital's critical care units were full while the emergency department was idle, the emergency department could continue to accept patients with limited medical problems. However, the reality of implementing a dual diversion system (Total Diversion and Critical Care Diversion) was fraught with operational problems. These problems were due to the system's complexity, differences of interpretation between field paramedics and hospital staff regarding patient acuity, and the changing operational environment for healthcare. At the time of the elimination of Critical Care Diversion, approximately 35% of all EMS Section Unusual Occurrence reports were for alleged diversion policy violations - the highest single category of Unusual Occurrences reported for the entire San Francisco EMS system. Additionally, Critical Care Diversion and suspension of Critical Care Diversion had escalated (refer to Appendices IV, V, and VI). Critical Care Diversion was suspended for 22% of the total hours in December, 1999; 38% in January 2000; 14% in February 2000, 34% and 10% respectively in March and April, 2000. The all time system high for Critical Care Diversion suspension was in January 1998 with 47%. This meant that for January 1998, Critical Care Diversion was unavailable (suspended) for 350 hours of the 744 total hours in that month. Critical Care Diversion was no longer used by hospitals as a

"safety valve," but as a mechanism to substitute for on-going lack of critical care capacity within the hospital system.

THE IMPACT OF ELIMINATING CRITICAL CARE DIVERSION

It is not possible to quantify fully the impacts of eliminating critical care diversion on the EMS System in San Francisco. Since the California Department of Health Services regulates hospitals, they are not required to report data to EMS agencies. In 1999, the EMS Section independently attempted to look at the number of Critical Care beds in San Francisco in an effort to modify the Diversion Policy based on system data. The study attempted to analyze data from the ambulance system and local hospitals. The objective was to quantify total system (hospital and ambulance) capacity and utilization during periods of high patient demand for emergency services. Included in this analysis was an examination of Critical Care beds. The EMS Section requested all hospitals to submit information on a set of data points. Unfortunately, less than half of the San Francisco hospitals reported their data. The EMS Section was unable to complete an evaluation of total hospital system capacity and utilization for that data project due to incomplete system-wide hospital data.

The EMS Section collects on a regular basis information about hospital diversion and ambulance system activities. Hospital diversion provides limited, indirect information about hospital volume and utilization. Additionally, the EMS Section reviews other information such as census data in developing its programs and routinely assesses system activities through personal contact with the EMS system providers. The following information highlights San Francisco's changing population, the impact of critical care and total diversion, hospital overcrowding and emergency medical services activity:

- In 1995, the estimated resident population was 751,900. San Francisco's estimated resident population for the year 2000 is 801,400. [1] This represents a 6.7% increase in total resident population in five years.

- Refer to Appendix VI: 1998 – 2000 EMS Transports to Hospitals. This graph notes the total EMS transports to hospitals increased from 47,515 in 1998 to 50,557 in 1999 for a 6.4% increase in EMS transports to hospitals in one year. Figures for the full calendar year 2000 were unavailable for this report. It is unknown whether the increase in ambulance transports is related to the increasing population of San Francisco or some other change in the health status of the population. Questions about San Francisco's Emergency Medical Services

[1]California, S.O. *Race/Ethnic Population with Age and Sex Detail, 1970 – 2040. 1998,* State of California Department of Finance: Sacramento, CA. http://www.dof.ca.gov/html/ demograp/proj_age.htm

system activity and its relationship to the health status of city residents deserve further in-depth study.

- In 1995, there were 230,606 Emergency Department visits for San Francisco. In 1998, that number increased to 241,861 for a 4.8% increase in Emergency Department volume in three years.[2] Noted below is the annual breakdown for these visits. Emergency Department data for 1999 and 2000 was unavailable for this report. Anecdotal information indicates that Emergency Department visits are continuing to increase at a significant pace especially since the closure of the UCSF – Mt. Zion Emergency Department in November 1999. Hospital staff now commonly report to the EMS Section primary duty officer that they are experiencing chronic Emergency Department and hospital overcrowding. Questions about San Francisco's current Emergency Department capacity and utilization deserve further in-depth study.

Total Aggregate ED Visits for San Francisco: 1995 – Sept 30, 1999*

	All ED Visits**	Ambulance	Walk-In
1995	230,606	40,336	190,270
1996	232,090	42,135	189,955
1997	237,345	*Not Available***	*Not Available***
1998	241,861	46,529	195,332
1999 *through 9/30*	184,906	36,799	148,107

Source: ED Visits Self-Reported by Hospitals. Ambulance Visits from San Francisco EMS Section Historical Data & San Francisco Fire Dept CAD Data.

**Includes visits to licensed Comprehensive & Basic Emergency Depts. in San Francisco. Chinese Hospital & Veterans Med. Center are not included.*

***In 1997, the former Paramedic Division of the Dept of Public Health merged into the San Francisco Fire Dept. Computer data on EMS call volume during the transition is unavailable for the latter half of 1997.*

- Refer to Appendix VIII : Total Hours of Diversion: 1998 – 2001 and Appendix IX: Diversion Suspension Hours. The first graph compares the total hours of critical care and total diversion over a two-year period. The graph begins in January 1998. During that month, San Francisco was experiencing a significant flu season. Critical care diversion and total diversion were at new highs for the EMS system. On December 1, 1998, the EMS Section implemented a new Interim Diversion policy. The new policy specifically addressed an

[2] San Francisco Department of Public Health – Emergency Medical Services Section. *Impact Analysis for the Intended Closure of UCSF- Mt. Zion Campus Emergency Department.* Presentation to the San Francisco Health Commission, November 16, 1999

increasing citywide trend in critical care diversion by reducing the numerical threshold for invoking a suspension of Critical Care Diversion. The threshold changed from five hospitals to three hospitals on Critical Care diversion or five hospitals on any combination of Total and Critical Care diversion would invoke a suspension. Additionally, the new Interim Diversion Policy mandated a fixed time period for Critical Care Diversion suspension.

The hospital response to this policy change is evident on the graph beginning in December 1998. Hospitals began to use Total Diversion more frequently than Critical Care Diversion. This dramatic shift from the use of Critical Care Diversion to Total Diversion is likely due in part to how diversion numbers are calculated and in part to a shift in hospital strategy for managing the flow of incoming patients. Reported diversion hours are adjusted downward for the corresponding number of hours of diversion suspension. With Critical Care suspended more often and for fixed time periods, Total Diversion became a better choice for hospitals attempting to manage the flow of in-coming patients into already overcrowded facilities. Total Diversion has maintained a steady upward trend through 2000. This coincides with the closure of the UCSF-Mt. Zion Hospital in December 1999. The preference for using Total Diversion over Critical Care Diversion was well underway by the time Critical Care Diversion was eliminated on August 1, 2000. Therefore, it is likely that the impact of the elimination of Critical Care Diversion on hospitals was not a significant factor for increasing the use of Total Diversion.

- The graph entitled, "Year 2000 Suspension Events by Hour of Day" found in Appendix X demonstrates a positive correlation between EMS system activity and the diversion suspension. Invoking diversion suspension is noted as a singular time point and not a time range of diversion hours on this graph. Diversion suspension occurs when multiple hospitals are on diversion. The correlation between internal hospital activity (i.e. traditional shift changes at 3 PM or 7 PM, surgical schedules, elective procedures, patients admitted to the hospital from physician offices, and diversion avoidance strategies) and diversion has not been studied. Questions about the relationship of internal hospital activities and the use of diversion deserve further in-depth study.

- Refer to Appendix XII: Average Percentage Monthly Diversion by Hospital 1998 – 2000. This graph report combined figures for both Critical Care and Total Diversion broken down by individual hospital. Diversion was higher for all San Francisco hospitals in the year 2000. It is doubtful that this increase is due solely to the elimination of Critical Care Diversion in August of that year since increasing diversion trends were well underway by January 2000. The Mt. Zion Emergency Department closed in November 1999, followed by the closure of its in-patient services in December 1999. In a report done by this office entitled, "Impact Analysis for the Intended Closure of UCSF- Mt. Zion Campus Emergency Department - Presentation to the San Francisco Health Commission, November 16, 1999," the report found

that the closure of Mt. Zion Hospital would mean a net loss of Critical Care beds and medical-surgical beds for San Francisco." The report further noted, " It remains to be seen whether the proposed additions to capacity at UCSF Medical Center will sufficiently address the loss of those beds."[3] It is also unknown whether the loss of the UCSF – Mt. Zion beds has directly caused the increase in diversion or whether there is some other change in the health status of the local population. Questions about San Francisco's hospital system capacity, utilization and demand for services deserve further in-depth study.

[3] Ibid.

CONCLUSION

Critical Care Diversion was eliminated because it was no longer meeting the goals of the Diversion Policy. It is likely that the impact of the elimination of Critical Care Diversion on hospitals was not significant since Total Diversion was invoked more frequently than Critical Care Diversion at the time of its elimination. We are beginning to see evidence that the Total Diversion system in San Francisco now failing.

The goal of an EMS diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals participating in the EMS System. Diversion is not intended to handle prolonged periods when we are exceeding our overall hospital system capacity.

We must act immediately to address our aggregate hospital system capacity in San Francisco. It is clear that we are experiencing difficulty managing the day-to-day demands for our hospital resources.

The EMS Section recommends that San Francisco's public and private healthcare leadership convene to discuss and develop short-term and long-term strategies to improve hospital capacity and utilization to meet the health needs of San Francisco residents. The EMS Section also recommends a more in-depth investigation of the adequacy of hospital and emergency department resources for San Francisco. This investigation is an essential step in developing plans to meet the current and long-term health needs of our community. In the short-term, the EMS Section will continue to pursue operational enhancements to the EMS system that may assist hospitals to manage some of their demand for services.

RECOMMENDATIONS

I. The EMS Section recommends that San Francisco's public and private healthcare leadership convene to discuss and develop short-term and long-term strategies to improve hospital capacity and utilization to meet the health needs of San Francisco residents.

II. Efforts to improve hospital capacity and utilization should include an in-depth investigation of in-patient hospital resources for San Francisco. This investigation should include:
   A. Current and projected demands for in-patient services based on population and resident health status.
   B. Current and projected supply of hospital beds (including critical care beds, and workforce).
   C. Current and projected bed utilization patterns and demands.
   D. An analysis of total EMS system (Emergency Department and ambulance) capacity and utilization.
   E. An examination of EMS system activity and its relationship to the health status of city residents.

III. The EMS Section recommends continued support and additional augmentation of current DPH efforts to divert substance abuse patients from acute care services. Such efforts include the San Francisco General Hospital Wound Care Clinic and the Treatment on Demand Initiative.

IV. The EMS Section recommends that more detailed study of the inebriated patient's use of citywide emergency department resources. This study should be conducted with the participation of substance abuse professionals. The purpose of the study is to quantify the magnitude of the issue and determine the need for potential alternatives to care for inebriated patients.

V. The EMS Section will pursue short-term operational enhancements to the EMS system that may assist hospitals to manage short-term capacity issues. These enhancements include:
   A. Modifying the HART system to display available hospital and Emergency Department capacity to all system participants.
   B. Continue to improve the ambulance diversion and destination system through improved ambulance-to-hospital, and ambulance to dispatch communications.

REFERENCES

California, S.O. *Race/Ethnic Population with Age and Sex Detail, 1970 – 2040. 1998,* State of California Department of Finance: Sacramento, CA. http://www.dof.ca.gov/html/demograp/proj_age.htm

San Francisco Department of Public Health – Emergency Medical Services Section. *Impact Analysis for the Intended Closure of UCSF- Mt. Zion Campus Emergency Department. Presentation to the San Francisco Health Commission, November 16, 1999*

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APPENDICES

I. San Francisco Emergency Medical Services Section #8000 Destination Policy

II. San Francisco Emergency Medical Services Section #8010 Diversion Policy

III. Critical Care Diversion Suspension Hours 1998 – 2000

IV. Total Diversion Suspension Hours

V. EMS Section Diversion Reports: 1995 – January, 2001

VI. 1998 – 2000 EMS Transports to Hospitals

VII. 1998 – 2000 Average Percentage of EMS Transports by Hospital

VIII. Total Hours of Diversion: 1998 – 2001

IX. Diversion Suspension Hours 1999 - 2001

X. Year 2000 Diversion Suspension Events by Hour of Day

XI. Year 2000 Diversion Suspension Invoked by Hour of Day

XII. Average Percentage Monthly Diversion by Hospital 1998 - 2000

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 8000
Effective Date: 3/16/87
Supercedes: 1/83

AMBULANCE DESTINATION POLICY

I. BASIC CONCEPTS

A. This Policy determines the hospital destination of all emergency patients served by paramedics certified by the City and County of San Francisco and transported by Advanced Life Support (ALS) ambulance, both public and private. It is operative at all times during the usual operations of the Emergency Medical Services (EMS) system. In the event of a multi-casualty incident (MCI) situation, it may be suspended.

B. The objective of this policy is to assure that critically ill or injured emergency patients will be taken to the hospital most appropriate to their immediate needs, regardless of ability to pay and supporting established physician/patient relationships to the extent possible.

C. All patients shall be taken to the Receiving Hospital of choice, or the closest designated Receiving Hospital if no choice was expressed, unless a prescribed clinical condition prevails.* (see Section III. Clinical Field Triage Criteria).

* Exception: Requests for transport to Chinese Hospital may be honored providing the patient demonstrates stable vital signs and Base Hospital contact is not required by policy.

D. Hospitals may be designated as Receiving Hospitals based upon established categorization criteria (see Attachment A).

E. The primary responsibility for implementation to this policy lies with the paramedic providers and the Base Hospital. However, it also defines the responsibilities of the EMS Agency and the Receiving Hospitals for its establishment, revision, monitoring and evaluation and for public and provider education regarding its provisions.

F. Paramedics are responsible for:
   1. obtaining pertinent patient clinical assessment data
   2. eliciting individual patient hospital preference
   3. determining closest Receiving Hospital.

G. The Base Hospital is responsible for confirming/clarifying patient assessment data to determine the most appropriate hospital destination. In the event of unusual circumstances or uncertainty about patient assessment, transport code assignment, or destination, the paramedics will call the Base Hospital. Destination and transport code will then be determined by the Base Hospital.

H. The EMS Agency is responsible to designate Receiving Hospitals and Special Care Facilities and to notify participants of any revisions.

I. The provider agencies, the Base Hospital and all other hospitals are responsible for the education and training of their staffs in compliance with this policy and its revisions.

J. The EMS Agency is responsible to periodically monitor and annually evaluate the implementation and effectiveness of this policy. On a routine and periodic basis, the EMS Agency shall provide statistical reports regarding hospital destinations of all patients, and to conduct pertinent quality assurance (QA) outcome studies.

II. DEFINITIONS

The following terms which are unique to the *Ambulance Destination Policy* are defined below. All other terms are defined in the the EMS Agency Policy Manual.

A. Designated Receiving Hospital: A general acute care hospital with an Emergency Department which meets or exceeds the local established Receiving Hospital criteria. (See Attachment A)

B. Closest Designated Receiving Hospital: The closest Receiving Hospital in travel time (not necessarily distance) to the pick-up location.

C. Special Care Facility: A designated Receiving Hospital certified by the Department of Public Health as meeting the additional criteria needed to care for specific clinical conditions.

III. CLINICAL FIELD TRIAGE CRITERIA

A. Burns

Excepting those associated with major trauma, all burn victims meeting the following criteria shall be transported to the closest designated burn specialty care facility:

1. Burns that involve more than 25% of the body surface (20% in children under ten and adults over 40).
2. Full thickness or third degree burns involving more than 10% of the body surface.
3. Partial thickness or second degree burns involving more than 20% of the body surface.
4. All burns involving the face, eyes, ears, hands, feet or perineum.
5. High voltage electrical burns.
6. Inhalation injury (this would apply to burns sustained in a closed space, for field triage purposes, or for facial burns).

B. Amputation and Devascularization Injuries

Excepting those injuries associated with major trauma which shall be transported to the Trauma Center, patients with amputation and/or devascularization injuries shall be transported to the reimplantation special care facility of their choice or the closest facility when no choice is expressed. Amputations are defined as body parts severed from below elbow or below knee. Devascularization injuries are defined as partial amputation without perfusion.

NOTE: Simple avulsion lacerations of the distal phalanx shall not be included in this field triage criteria.

C. Acute Medical Adult

Patients should be transported to the closest designated Receiving Hospital. Acute medical patients are those with one more or more of the following conditions:

1. cardiopulmonary arrest
2. airway obstruction or respiratory insufficiency with inadequate ventilation
3. hypotension with shock
4. status epilepticus
5. acute deteriorating level of consciousness

D. Acute Medical Pediatric

Patients should be transported to the closest designated pediatric special care facility. Acute medical pediatric patients are patients, age fourteen and under, with one or more of the following conditions:

1. cardiopulmonary arrest
2. airway obstruction or respiratory insufficiency with inadequate ventilation
3. hypotension with shock
4. status epilepticus
5. acute deteriorating level of consciousness

E. Acute Obstetrics

Patients should be transported to the closest designated obstetric special care facility. Acute obstetrics patients are those with one or more of the following conditions:

1. hemorrhage with shock
2. nuchal cord
3. cord prolapse
4. breech presentation partially delivered

F. Psychiatric

1. Voluntary:
   Adults and minors voluntarily seeking psychiatric care may go to the designated Receiving Hospital of their choice; if they have no hospital preference they shall go to the closet designated psychiatric specialty care facility.
2. Involuntary:
   a. Adult psychiatric patients who qualify for or are on a 5150 or 5170 hold are transported to Psychiatric Emergency Services (PES) at San Francisco General Hospital (SFGH) or Community Crisis Services at Mt. Zion Hospital. Destination shall be the facility closest to the patient's resident address or the pick-up location.
   b. All patients on a 5150 or 5170 hold AND in police custody shall be transported to PES at SFGH.
   c. All minors on a 5150 hold shall be transported to PES at SFGH.

G. Major Trauma

Patients should be transported to the Trauma Center. Major trauma patients are those with one or more of the following:

1. Anatomic Criteria:
   a. all gunshot wounds
   b. all penetrating stab wounds proximal to the elbow or knee
      1. Patients with superficial lacerations, stable vital signs and an appropriate mental status may be taken to their hospital of choice.
   c. all blunt trauma with suspected significant chest, abdomen, pelvis injuries
      1. Suspected significant injuries include but are not limited to patients with abrasions, lacerations or bruises associated with complaints of pain or tenderness on palpation of the involved area.
   d. head injury with level of consciousness (LOC) or neck trauma with significant facial, scalp lacerations or hematoma
      1. Patients with diffuse neck pain, no localizing neurological findings and an appropriate mental status may go to their hospital of choice.

2. Mechanism of Injury Criteria
   a. high energy dissipation or rapid deceleration injuries
   b. motor vehicle accidents:
      1. striking a relatively fixed object at greater than 25 miles per hour (MPH) unbelted or 35 MPH belted
      2. extrication time greater than 20 minutes
      3. passenger compartment invaded by twelve inches or more
      4. passenger ejection
   c. motorcycle accidents where rider has been thrown off bike or has struck a relatively fixed object
      1. Riders in low velocity accidents and without significant injuries may be taken to their hospital of choice.
   d. motor vehicle/pedestrian accidents where the pedestrian has been thrown to the ground
      1. Pedestrians brushed in accidents or with low velocity accidents and isolated extremity injuries may go to their hospital of choice.
   e. falls from heights greater than 15 feet
3. Physiologic Criteria
   If none of the above conditions are present but the patient is a trauma victim with one of the following criteria, they should be transported to the Trauma Center.
   a. blood pressure less than 90 systolic
   b. respirations less than ten or greater than 24
   c. heart rate of less than 50 or over 120
   d. cutaneous evidence of shock (skin pale, cool, moist)
   e. altered level of consciousness or any localized weakness or sensory changes

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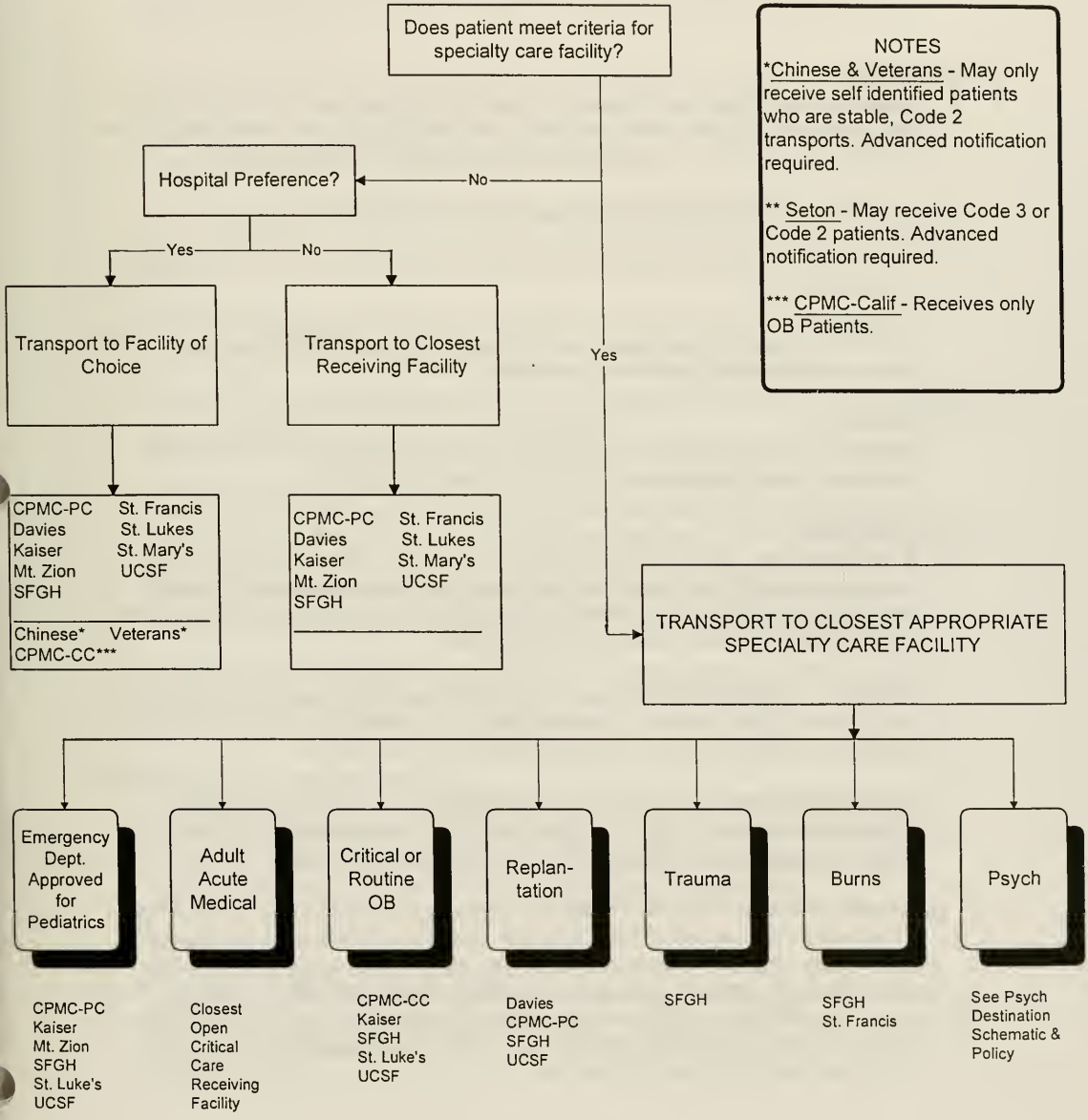
Ambulance Destination Schematic



SAN FRANCISCO EMERGENCY MEDICAL SERVICES SECTION

Policy Reference No.: 8010
Effective Date: 03/01/01
Supersedes: 12/01/99

DIVERSION POLICY

I. PURPOSE

A. To establish guidelines under which Receiving Hospital Emergency Departments may divert ambulance patients when it has been determined, through pre-established criteria, that the Emergency Department is unable to accommodate additional patients.

B. To define procedures for communicating changes in diversion status.

C. To establish guidelines for ambulance provider operations when a Receiving Hospital is on diversion.

D. To define exceptions to the *Ambulance Destination Policy*, EMS Section Policy #8000, when hospital(s) follow procedures as outlined herein.

II. AUTHORITY

California Health and Safety Code, Section 1797.204; 1797.220; 1797.222 and the California Code of Regulations, Title 22, Division 9, 1798.102.

III. DEFINITIONS

A. **Total Diversion:** When a Receiving Hospital Emergency Department determines, through pre-established criteria, that the Emergency Department is unable to safely provide care to additional ambulance patients AND communicates this change in status to the Emergency Communications Department (ECD).

B. **Emergency Communications Department (ECD):** The department within the City and County of San Francisco government that is responsible for all 911 public safety emergency communications and dispatch (police, fire, and EMS).

C. **Hospital Administration Resource Tool (HART):** An Internet-based hospital diversion monitoring system (HART) that provides a communication link between Receiving Hospitals, the ECD, and other EMS System participants.

D. **Trauma Override:** When San Francisco General Hospital (SFGH) continues Total Diversion during a period of Total Diversion suspension. During Trauma Override, SFGH shall continue the diversion of medical (non-trauma) patients, while continuing to accept patients meeting trauma center destination criteria. The intent of Trauma Override is to allow SFGH to maintain adequate trauma care capacity to meet local public health and safety needs of the EMS system. Trauma Override shall only be invoked when the criteria outlined in Section VIII are met.

IV. POLICY

A. In determining ambulance destination, EMS personnel shall utilize the *Ambulance Destination Policy*, EMS Section Policy #8000, which considers the patient's condition, the patient's location, the patient's requested hospital, the hospital capabilities, and the hospital diversion status.

B. The Base Hospital Physician shall retain the ultimate authority in determining ambulance destination. The Base Hospital Physician may override an Emergency Department's Diversion status if, in their judgment, they determine that the patient could deteriorate as a result of bypassing a Receiving Hospital on Diversion.

C. Receiving Hospitals shall report diversion status and subsequent changes on the HART System in accordance with established procedures, as described in Section VI. of this policy.

D. The ECD shall use the HART System to obtain the diversion status of Receiving Hospitals and communicate this status to on-duty ambulance personnel.

E. The ECD and the Receiving Hospitals shall have personnel trained to operate the HART System on-duty 24 hours a day, seven days a week.

F. Patients meeting Specialty Care Triage criteria (i.e., Burns, Trauma, Replantation, Obstetrics, and Emergency Department Approved for Pediatrics) shall **not** be subject to Total Diversion. San Francisco General Hospital shall **not** divert incarcerated patients or patients who are in police custody. Receiving Hospitals designated as Specialty Care Facilities shall continue to receive these patients **at all times** unless granted exemptions after successfully petitioning the Emergency Medical Services (EMS) Section.

G. This policy shall not override or interfere with the *Trauma Center and Psychiatric Diversion policies*, EMS Section Policy References #8011 and #8012.

V. HOSPITAL DIVERSION STATUS

The ability of the various Receiving Hospitals to receive patients according to their approved capabilities under the Receiving Hospital Agreements shall be determined in accordance with the categories listed below. Ambulance providers shall transport patients to hospitals in accordance with the principles outlined below.

A. **OPEN**

Receiving Hospitals shall be designated "OPEN" when fully capable of receiving all patients who request that facility and/or would be transported to that facility according to the *Ambulance Destination Policy*, EMS Section Policy Reference #8000. A Receiving Hospital is Open when the HART System displays their three-letter facility indicator in the color "green".

B. **TOTAL DIVERSION**

1. A hospital may declare Total Diversion only when the Emergency Department has an overload of patients requiring immediate attention and, therefore, would not be able to safely provide care should it receive an additional patient requiring immediate intervention. A hospital shall report Total Diversion due to Emergency Department overload only, and not due to lack of staffed inpatient medical/surgical or critical care beds.
2. A Receiving Hospital shall be on Total Diversion when the HART System displays their three letter facility indicator in the color "red" AND the message line displays the words "Total Divert."
3. When a Receiving Hospital is on Total Diversion, no patient shall be transported to that hospital by ambulance EXCEPT for the following circumstances:
    a) The patient meets the Specialty Care Triage criteria (Burns, Trauma, Replantation, Obstetrics, and Emergency Departments Approved for Pediatrics).
    b) The patient is in imminent or full respiratory or cardiac arrest, or is a post-arrest resuscitation.
    c) The patient originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to that hospital's Emergency Department.
    d) San Francisco General Hospital shall **not** divert incarcerated patients or patients who are in police custody.
4. Immediately upon relieving the ED overload, the Receiving Hospital shall Change their diversion status to OPEN on the HART system as appropriate. Diversion status changes should be made even during periods of diversion suspension.
5. When a Receiving Hospital is on Total Diversion, EMS Section on-call staff at their discretion may:
    a) inquire about the status of the Emergency Department and its ability to treat critically ill patients.
    b) inquire if the hospital has initiated its internal Total Diversion policy as well as what actions are being taken to return to Open status.
    c) request the names of the hospital's medical, nursing, or administrative staff who were contacted to assess and to attempt to rectify the Total Diversion situation.

VI. DIVERSION OPERATIONAL PROCEDURES

A. Hospital Role in Diversion Status Change:

1. Hospital personnel shall enter the hospital's appropriate diversion status in the HART System.
2. Immediately upon relieving the ED overload, the Receiving Hospital shall change their diversion status to OPEN on the HART system as appropriate. Diversion status changes should be made even during periods of diversion suspension.
3. If the HART System fails, hospital personnel shall immediately report the problem to the HART System Support Line and follow the Back-Up Telephone Procedure, described in Section VI.D.

B. ECD Role in Diversion Status Change

1. The ECD shall announce to all ambulance personnel by radio and mobile data terminals any time a change in diversion status is entered into the HART System.
2. The ECD shall make routine diversion status announcements by radio and mobile data terminals to all ambulance personnel at intervals no less frequently than every two hours.

C. Ambulance Role in Diversion Status Change

1. Ambulances enroute to a hospital must complete the transport of the patient to that facility when its Emergency Department goes on Total Diversion.
2. Ambulances that have arrived on hospital property (e.g., hospital clinic, hospital driveway, or hospital ambulance dock) must complete the transport of that patient to that facility when its Emergency Department goes on Total Diversion.

D. Back-Up Telephone Communications if the HART System is Inoperable

1. The Receiving Hospital shall notify the ECD of any diversion status changes via telephone.
2. The ECD shall announce any diversion status changes to ambulance personnel by radio any time a change in diversion status is called in or make routine diversion status announcements by radio at intervals no less frequently than every two hours.
3. The ECD shall announce any diversion status changes to the Base Hospital and hospital personnel via radio when there is a change in diversion status and every two hours.

VII. SUSPENSION OF TOTAL DIVERSION

A. The ECD shall notify EMS Section on-call staff when **FOUR** or more full Receiving Hospitals are on Total Diversion. The EMS Section will determine whether further continuation of the situation may result in a danger to the public health and safety and may elect to suspend Total Diversion requiring all Receiving Hospitals to accept both critical and non-critical patients. EMS Section staff will be available to consult with the hospital administrator or designee during periods of Diversion Suspension in an attempt to assist hospitals to return to OPEN status. Total Diversion suspension shall remain in effect until three or fewer hospitals are on Total Diversion. EMS Section staff shall consult with the ECD to assess the status of EMS System activity before removing the suspension.

B. Total Diversion suspension applies **only** to hospitals within the limits of the City and County of San Francisco. Total Diversion suspension does **not** apply to hospitals in other counties (e.g., Seton Medical Center located in San Mateo County).

C. When Total Diversion Suspension is invoked, the ECD shall:

1. Enter the Total Diversion suspension into the HART System.
2. Announce to all ambulance personnel by radio and mobile data terminals any time Total Diversion is suspended.

3. Make routine Total Diversion Suspension status announcements by radio and mobile data terminals to all ambulance personnel at intervals no less frequently than every two hours.

VIII. EXCEPTION TO TOTAL DIVERSION SUSPENSION – TRAUMA OVERRIDE

A. When Total diversion is suspended, the Chief of SFGH Trauma Services or his/her designee may declare a Trauma Override of Total Diversion at SFGH only if all of the following three conditions are met:

1. The Critical Care bed capacity at SFGH is two or less beds, and
2. All SFGH internal diversion strategies have been exhausted, and
3. There is at least one trauma patient in the process of evaluation or treatment in the SFGH Trauma care system (e.g., Emergency Department CT Scanner or Operating Room).

B. During Trauma Override, SFGH shall continue the diversion of medical (non-trauma) patients, while continuing to accept the following patients:
1. Patients meeting trauma center destination criteria.
2. Patient meeting other Specialty Care Triage criteria (Burns, Replantation, Obstetrics, and Emergency Departments Approved for Pediatrics).
3. The patient is an imminent or full respiratory or cardiac arrest, or is a post-arrest resuscitation.
4. Patients who are incarcerated or in police custody.
5. Patients originating from a hospital-based clinic. Such patients shall be considered to have arrived on hospital property and shall be transported to SFGH Emergency Department.

C. During Trauma Override, SFGH shall abide by the following procedures:
1. The SFGH Emergency Department charge nurse shall enter the Trauma Override status into the HART system according to the procedures outlined in Section V. above.
2. Trauma Override status shall be renewed hourly by the Emergency Department Attending Physician in Charge.
3. The SFGH Trauma Service Administrator shall maintain a written policy and procedure for Trauma Override and shall provide a written report to the EMS Section within ten business days of a Trauma Override event detailing the rationale for invoking the Override and the total amount of time it was in effect.

D. The ECD shall follow the same procedures for communication of Trauma Override to EMS system participants as outlined in Section V. B.

IX. QUALITY ASSURANCE AND RECORD KEEPING

A. Problems related to the implementation of this policy shall be reported to the EMS Section through the Unusual Occurrence Report System.

B. All Receiving Hospitals shall maintain on file at the EMS Section a copy of their internal procedures for determining diversion status and their diversion avoidance strategies.

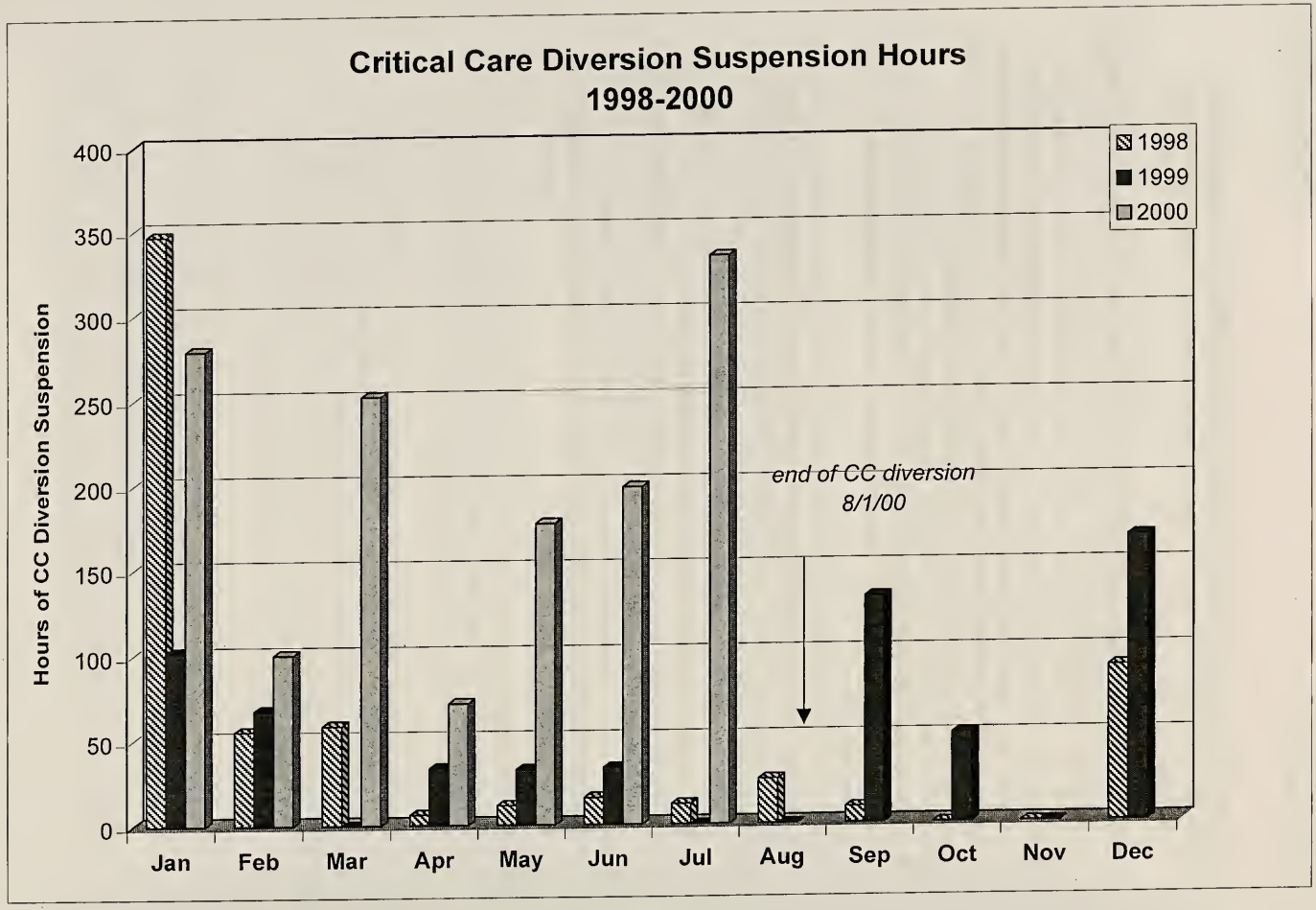
C. All Receiving Hospitals shall periodically critique their internal diversion procedures for appropriateness of utilization.

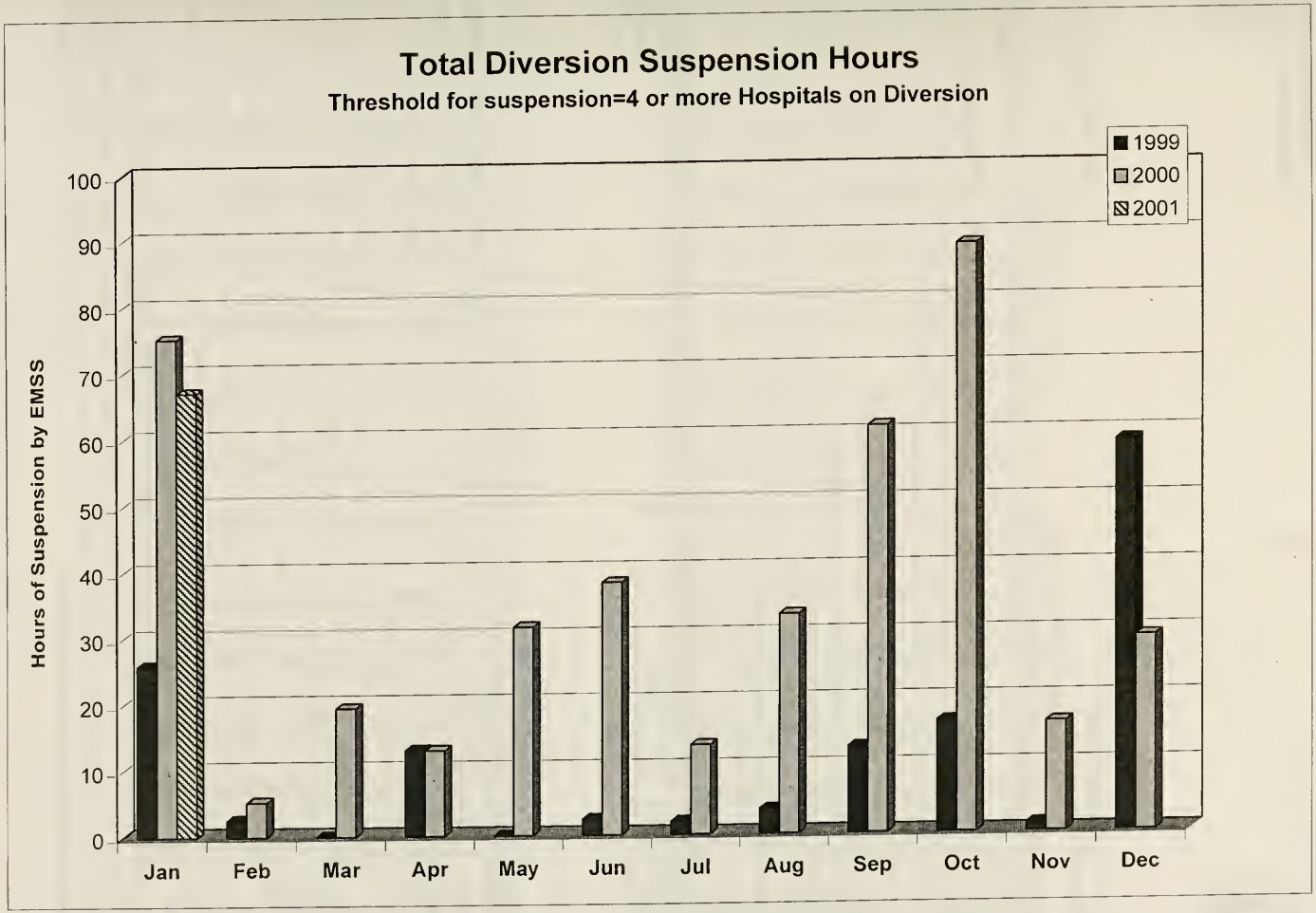
D. When a hospital uses the HART System to change their diversion status, the System automatically records the event in a diversion log. The EMS Section will monitor and report monthly diversion activity for all San Francisco Receiving Hospitals. Reported diversion hours shall exclude hours when diversion is suspended.

E. EMS Section staff shall conduct its own review of hospital diversion activity and will report to the appropriate EMS Section committee on the following diversion activity quality indicators:

1. Unusual events reported by the Prehospital Unusual Occurrence Report System.
2. A Receiving Hospital is on diversion for an average of more than 15% during any consecutive three-month period of review.
3. A Receiving Hospital is on diversion for 30% during any one-month period.
4. A request for diversion not covered by current policies.
5. Trauma Override usage over 10% during any consecutive 3 month period of review or 20% during any one-month period.

F. EMS Section staff, at their discretion, may conduct site visits while a hospital is on diversion status.


Critical Care Diversion Suspension Hours
1998-2000
Hours of CC Diversion Suspension
400
350
300
250
200
150
100
50
0
1998
1999
2000
end of CC diversion
8/1/00
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec


Total Diversion Suspension Hours
Threshold for suspension=4 or more Hospitals on Diversion
Hours of Suspension by EMSS
1999
2000
2001
100
90
80
70
60
50
40
30
20
10
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

City and County of San Francisco

Emergency Medical Services Section
Department of Public Health
Population Health and Prevention

Emergency Medical Services Section
Total Diversion Report

Report Date: 4/27/01

2001 HART Diversion Data

2001 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/Hosp
Chinese	9	18	24										15
CPMC(Pac)	18	10	24										15
Davies	7	9	7										2
Kaiser	2	9	1										2
St. Francis	18	22	22										21
St. Luke's	25	13	8										15
St. Mary's	6	3	3										4
SFGH	36	30	22										29
UCSF	18	16	14										16
Average / Month	**15**	**14**	**13**										**14**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	67.05	67.72	48.02	60.9
Suspend %	9%	10%	6%	9%

2000 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan **	Feb **	Mar	Apr **	May	Jun **	Jul **	Aug **	Sep**	Oct	Nov	Dec	Average/Hosp.
Chinese	9	9	9	10	2	2	9	6	9	9	2	11	2
CPMC(Pac)	16	9	10	12	11	11	12	14	18	21	13	17	14
Davies	9	11	12	9	7	7	7	8	10	9	11	5	2
Kaiser	2	1	2	9	3	3	2	4	2	2	2	2	2
St. Francis	27	31	35	36	29	32	29	39	36	33	27	25	31
St. Luke's	6	3	7	7	7	8	6	9	9	16	12	8	8
St. Mary's	4	1	2	2	2	3	5	3	3	4	2	3	3
SFGH	13	25	29	25	29	28	35	44	45	39	23	23	30
UCSF	2	2	4	7	3	4	6	7	8	11	10	6	6
Average / Month	**10**	**10**	**12**	**11**	**11**	**11**	**12**	**15**	**15**	**15**	**12**	**11**	**12**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	75.17	5.22	19.32	12.92	31.43	38.1	13.44	33.1	61.27	88.63	16.5	29.32	35.4
Suspend %	10%	1%	3%	2%	4%	5%	2%	4%	9%	12%	2%	4%	5%

(**)Hours Adjusted for Diversion Suspension

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(415) 554-9960 • FAX (415) 241-0519
www.dph.sf.ca.us/ems

Emergency Medical Services Section
Total Diversion Report

Report Date: 3/13/01

2000 HART Diversion Data

2000 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/Hosp
Chinese	8	8	5	10	2	8	5	6	8	5	8	11	2
CPMC(Pac)	16	8	10	12	10	11	12	14	16	21	10	12	14
Davies	3	11	12	5	7	7	7	1	10	5	11	5	8
Kaiser	2	5	2	5	8	8	2	1	2	2	3	2	2
St. Francis	27	31	36	30	29	32	29	39	36	33	27	29	31
St. Luke's	6	3	7	7	7	8	6	9	9	16	12	8	8
St. Mary's	4	1	2	2	2	3	5	3	3	4	2	3	3
SFGH	13	25	29	25	29	28	35	44	45	39	23	23	30
UCSF	2	2	4	7	3	4	6	7	8	11	10	6	6
Average / Month	10	10	12	11	11	11	12	15	15	15	12	11	12
Suspend Hrs	75.17	5.22	19.32	12.92	31.43	38.1	13.44	33.1	61.27	88.63	16.5	29.32	35.4
Suspend %	10%	1%	3%	2%	4%	5%	2%	4%	9%	12%	2%	4%	5%

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

1999 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan **	Feb **	Mar	Apr **	May	Jun **	Jul **	Aug **	Sep**	Oct	Nov	Dec	Average/Hosp.
Chinese	7	6	2	3	3	1	1	1	2	2	6	11	3
CPMC(Pac)	18	13	6	5	6	3	3	5	6	7	13	18	6
Davies	3	5	3	3	3	1	1	2	5	3	3	3	3
Kaiser	1	1	2	1	2	1	1	1	1	0	2	2	1
Mt. Zion	2	1	2	2	7	2	3	1	1	2	7	0	2
St. Francis	24	24	18	24	22	24	24	23	22	22	23	23	22
St. Luke's	3	3	7	3	5	1	(++)	1	3	3	10	3	6
St. Mary's	1	0	1	1	1	1	1	1	1	1	2	2	1
SFGH	24	22	35	35	34	24	24	15	24	10	24	18	25
UCSF	3	1	1	1	1	1	1	1	0	1	2	3	1
Average / Month	10	8	8	9	9	6	7	5	6	7	10	6	8
Suspend Hrs	25.88	2.5	0	12.98	0	2.42	1.98	3.75	12.98	16.81	1.25	58.82	
Suspend %	4%	<1%	0%	2%	0%	<1%	<1%	<1%	2%	2%	<1%	8%	

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

(**)Hours Adjusted for Diversion Suspension

Emergency Medical Services Section
Critical Care Diversion Report

Report Date: 3/15/01

2000 HART Diversion Data

2000 Critical Care Diversion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan*	*Feb*	*Mar*	*Apr***	*May*	*Jun*	*Jul*	*Aug*	*Sep*	*Oct*	*Nov*	*Dec*	*Average/Hosp.*
Chinese	0	0	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0
CPMC(Pac)	14	22	11	33**	18	30	8	N/A	N/A	N/A	N/A	N/A	17
Davies	5	0	0	15**	12	17	12	N/A	N/A	N/A	N/A	N/A	9
Kaiser	0	1	1	2	1	0	0	N/A	N/A	N/A	N/A	N/A	1
St. Francis	11	0	2	0	2	10	8	N/A	N/A	N/A	N/A	N/A	5
St. Luke's	7	8	0	0	2	3	0	N/A	N/A	N/A	N/A	N/A	4
St. Mary's	4	2	2	1	1	5	4	N/A	N/A	N/A	N/A	N/A	3
SFGH	10	5	3	20**	1	10	18	N/A	N/A	N/A	N/A	N/A	8
UCSF	0	11	6	10	12	9	4	N/A	N/A	N/A	N/A	N/A	8
Average / Month	**6**	**6**	**3**	**3**	**6**	**10**	**7**						6

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	279.21	100.18	251.8	71.35	176.60	197.92	333.35
Suspend %	38%	14%	34%	10%	24%	27%	45%

**HART data may overestimate CC diversion rates at some ED's. This may be due to computer failure at receiving hospital or failure to update ED status.

1999 Critical Care Diversion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan ***	*Feb ***	*Mar*	*Apr ***	*May ***	*Jun ***	*Jul*	*Aug*	*Sep***	*Oct*	*Nov*	*Dec*	*Average/Hosp.*
Chinese	0	0	1	0	0	0	0	0	0	0	0	0	0
CPMC(Pac)	8	8	0	0	2	2	1	8	0	0	17	14	4
Davies	5	16	24	12	12	2	11	2	2	3	0	13	9
Kaiser	0	1	0	1	1	0	0	0	0	0	0	0	1
Mt. Zion	7	1	0	0	1	0	0	2	3	2	1	0	2
St. Francis	13	8	8	2	12	2	0	6	0	1	8	10	9
St. Luke's	8	1	1	5	0	0	(++)	0	1	1	7	5	2
St. Mary's	12	5	4	0	4	1	0	0	0	0	1	3	2
SFGH	2	11	4	2	1	4	4	3	10	9	5	7	5
UCSF	4	7	3	7	1	0	1	0	3	2	1	6	3
Average / Month	**6**	**5**	**5**	**4**	**3**	**1**	**2**	**2**	**3**	**2**	**5**	**6**	4

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	101.92	67.48	0	33.63	32.70	33.53	0	0	132.42	52.12	0	166.93
Suspend %	14%	9%	0%	5%	5%	5%	0%	0%	18%	7%	0%	22%

(**)Hours Adjusted for Diversion Suspension

Emergency Medical Services Section — Report Date: 3/15/01

Critical Care Diversion Report **NOTE: July Data incomplete/inaccurate due to TRENDS System Failure**
December Data Self-Reported by each Hospital

1999 Critical Care Diversion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan ***	*Feb ***	*Mar*	*Apr ***	*May ***	*Jun ***	*Jul*	*Aug*	*Sep***	*Oct*	*Nov*	*Dec*	*Average/Hosp.*
Chinese	0	0	1	0	0	0	0	0	0	0	0	0	**0**
CPMC(Pac)	8	8	5	9	2	2	1	8	3	4	17	14	**7**
Davies	5	16	24	12	12	2	11	2	2	3	9	13	**9**
Kaiser	0	1	0	1	1	0	0	0	0	0	0	4	**1**
Mt. Zion	7	1	4	0	1	0	0	2	3	2	1	0	**2**
St. Francis	13	6	6	2	12	2	5	6	5	1	6	10	**6**
St. Luke's	8	1	1	5	0	0	(++)	0	1	1	7	5	**2**
St. Mary's	12	5	4	0	4	1	0	0	0	0	1	3	**2**
SFGH	2	11	4	2	1	4	4	3	10	9	5	7	**5**
UCSF	4	7	3	7	1	0	1	0	3	2	1	6	**3**
Average / Month	**6**	**5**	**5**	**4**	**3**	**1**	**2**	**2**	**3**	**2**	**5**	**6**	**4**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	101.92	67.48	0	33.63	32.70	33.53	0	0	132.42	52.12	0	166.93
Suspend %	14%	9%	0%	5%	5%	5%	0%	0%	18%	7%	0%	22%

(**)Hours Adjusted for Diversion Suspension

NOTE: January data incomplete due to change from CHORAL to TRENDS System - data for the days of January 13-16 incomplete
(++) St. Lukes Hospital offline for entire month of July
Mt Zion ED closed on 11/23 at 2359 hours. All diversion hours before closure included in Nov data.

1998 Critical Care Diversion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan ***	*Feb ***	*Mar ***	*Apr ***	*May ***	*Jun ***	*Jul ***	*Aug ***	*Sep ***	*Oct*	*Nov*	*Dec*	*Average/Hosp.*
Chinese	7	0	0	0	0	0	0	0	0	0	0	1	**1**
CPMC(Pac)	20	45	31	23	15	17	36	26	13	31	1	12	**22**
Davies	3	12	10	13	25	16	9	27	12	2	22	3	**13**
Kaiser	7	18	19	11	0	0	3	1	2	0	0	3	**5**
Mt. Zion	7	38	19	7	3	16	7	7	1	0	0	1	**9**
St. Francis	17	26	16	22	26	16	19	29	26	23	26	10	**21**
St. Luke's	4	21	7	1	5	8	3	4	4	2	0	0	**5**
St. Mary's	19	5	6	15	6	1	2	1	3	1	0	2	**5**
SFGH	31	13	13	20	25	19	2	10	19	12	6	11	**15**
UCSF	11	10	7	6	2	9	2	4	24	1	21	1	**8**
Average / Month	**13**	**19**	**13**	**12**	**11**	**10**	**8**	**11**	**10**	**7**	**8**	**4**	**10**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

City and County of San Francisco

Emergency Medical Services Section
Department of Public Health
Population Health and Prevention

Emergency Medical Services Section
Total Diversion Report

Report Date: 3/15/01

NOTE: July Data incomplete/inaccurate due to TRENDS System Failure
December Data Self-Reported by each Hospital

1999 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan **	Feb **	Mar	Apr **	May	Jun **	Jul **	Aug **	Sep**	Oct	Nov	Dec	Average/Hosp.
Chinese	7	6	2	0	0	1	1	1	2	2	0	11	4
CPMC(Pac)	18	13	5	0	0	3	5	8	5	7	13	15	1
Davies	0	1	3	3	3	1	1	2	0	0	0	8	4
Kaiser	1	1	2	1	2	1	1	1	1	0	2	2	1
Mt. Zion	2	1	2	2	7	2	3	1	1	2	7	0	2
St. Francis	20	24	18	24	22	23	24	23	22	22	23	23	22
St. Luke's	9	9	7	8	5	1	(++)	1	3	8	10	8	6
St. Mary's	1	0	1	1	1	1	1	1	1	1	2	2	1
SFGH	24	22	35	35	34	29	29	15	20	19	24	18	25
UCSF	5	1	1	1	1	1	1	1	0	1	2	3	1
Average / Month	**10**	**8**	**8**	**9**	**9**	**6**	**7**	**5**	**6**	**7**	**10**	**9**	**8**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	25.88	2.5	0	12.98	0	2.42	1.98	3.75	12.98	16.81	1.25	58.82
Suspend %	4%	<1%	0%	2%	0%	<1%	<1%	<1%	2%	2%	<1%	8%

(**)Hours Adjusted for Diversion Suspension

NOTE: January data incomplete due to change from CHORAL to TRENDS System - data for the days of January 13-16 inc.
(++) St. Lukes Hospital offline for entire month of July
Mt Zion ED closed on 11/23 at 2359 hours. All diversion hours before closure included in Nov data.

1998 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec**	Average/Hosp.
Chinese	0	0	1	1	0	0	0	0	0	1	0	1	4
CPMC(Pac)	11	2	5	0	0	3	2	3	3	2	1	8	4
Davies	2	2	1	1	0	2	2	2	2	2	1	1	2
Kaiser	30	20	3	2	1	1	1	1	2	1	0	2	9
Mt. Zion	4	1	1	2	2	0	1	3	1	1	1	5	4
St. Francis	11	14	5	11	0	5	7	6	10	0	0	15	9
St. Luke's	7	6	2	4	0	2	3	8	0	0	0	5	4
St. Mary's	2	1	1	1	2	1	1	1	1	2	2	1	2
SFGH	12	10	5	12	0	5	10	8	16	0	0	4	9
UCSF	14	6	7	0	0	1	1	1	0	3	2	2	4
Average / Month	**10**	**6**	**3**	**4**	**3**	**2**	**3**	**4**	**4**	**3**	**2**	**5**	**4**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

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City and County of San Francisco

Department of Public Health
Population Health and Prevention

Emergency Medical Services Section
Total Diversion Report

Report Date: 11/1/99

1998 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average/Hosp.
Chinese	6	0	1	1	0	0	0	0	0	1	0	1	1
CPMC(Pac)	11	2	5	6	4	3	2	3	3	2	1	8	4
Davies	2	2	1	1	0	2	2	2	2	2	1	1	2
Kaiser	30	20	3	2	1	1	1	1	2	1	0	2	5
Mt. Zion	4	1	1	2	2	0	1	3	1	1	1	5	2
St. Francis	11	14	5	11	9	5	7	9	10	9	6	15	9
St. Luke's	7	5	2	4	5	2	3	8	4	4	0	5	4
St. Mary's	2	4	1	1	2	1	1	1	1	2	2	1	2
SFGH	12	10	6	12	4	6	10	8	16	8	5	8	9
UCSF	14	6	7	3	3	1	4	1	3	3	2	2	4
Average / Month	**10**	**6**	**3**	**4**	**3**	**2**	**3**	**4**	**4**	**3**	**2**	**5**	**4**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

(*) UCSF CHORAL computer was off line for the period of April 2 - 7, actual TOTAL Diversion for that period unknown

(**)Hours Adjusted for Diversion Suspension

1997 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec**	Average/Hosp.
Chinese	6	3	2	0	0	0	0	0	3	2	1	8	2
CPMC(Pac)	7	1	1	1	2	1	1	1	2	1	1	5	2
Davies	0	0	1	0	0	1	2	1	2	2	1	3	1
Kaiser	7	7	4	10	1	3	15	3	3	4	12	4	6
Mt. Zion	2	1	1	1	1	1	1	1	2	1	1	11	2
St. Francis	3	4	1	1	1	2	3	5	7	6	7	8	4
St. Luke's	9	6	6	4	3	2	4	5	10	10	4	5	6
St. Mary's	2	1	1	1	1	1	1	1	1	2	1	1	1
SFGH	6	4	2	2	1	2	3	4	10	7	6	4	4
UCSF	4	7	1	*1	1	1	1	4	3	3	1	7	3
Average / Month	**4**	**3**	**2**	**2**	**1**	**1**	**3**	**3**	**4**	**4**	**3**	**6**	**3**

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

City and County of San Francisco

Department of Public Health
Population Health and Prevention

Emergency Medical Services Section
Critical Care Diversion Report

Report Date: 11/1/99

1998 Critical Care Diversion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan* **	*Feb* **	*Mar* **	*Apr* **	*May* **	*Jun* **	*Jul* **	*Aug* **	*Sep* **	*Oct*	*Nov*	*Dec* **	*Average/ Hosp.*
Chinese	7	0	0	0	0	0	0	0	0	0	0	1	1
CPMC(Pac)	20	45	31	23	15	17	36	26	13	31	1	12	22
Davies	3	12	10	13	25	16	9	27	12	2	22	3	13
Kaiser	7	18	19	11	0	0	3	1	2	0	0	3	5
Mt. Zion	7	38	19	7	3	16	7	7	1	0	0	1	9
St. Francis	17	26	16	22	26	16	19	29	26	23	26	10	21
St. Luke's	4	21	7	1	5	8	3	4	4	2	0	0	5
St. Mary's	19	5	6	15	6	1	2	1	3	1	0	2	5
SFGH	31	13	13	20	25	19	2	10	19	12	6	11	15
UCSF	11	10	7	6	2	9	2	4	24	1	21	1	8
Average / Month	13	19	13	12	11	10	8	11	10	7	8	4	10

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Suspend Hrs	347	55.27	58.43	6.38	11.58	15.9	11.98	26.13	9.48	0	0	90.68
Suspend %	47%	8%	8%	1%	2%	2%	2%	4%	1%	0%	0%	13%

(**)Hours Adjusted for Diversion Suspension

1997 Critical Care Divertion Hours...Percent of Month on Divert Status - Hours Adjusted to Compensate for Diversion Suspension

Hospital	*Jan* **	*Feb*	*Mar* **	*Apr*	*May*	*Jun*	*Jul* **	*Aug*	*Sep***	*Oct***	*Nov*	*Dec***	*Average/ Hosp.*
Chinese	0	0	0	0	0	0	0	0	0	0	0	14	1
CPMC(Pac)	17	16	3	5	1	1	3	4	8	23	12	22	9
Davies	6	17	7	8	4	18	12	7	4	1	9	13	9
Kaiser	3	18	23	13	5	4	11	7	15	20	19	13	13
Mt. Zion	21	11	6	3	7	5	7	7	10	17	12	11	10
St. Francis	32	13	12	14	5	4	3	13	4	3	6	21	11
St. Luke's	19	16	7	20	9	4	4	1	11	11	5	10	10
St. Mary's	6	1	17	7	10	6	6	2	0	2	6	14	6
SFGH	4	1	6	11	0	1	2	10	21	13	5	47	10
UCSF	16	10	12	*3	4	1	1	4	6	26	6	1	8
Average / Month	12	10	9	9	5	4	5	6	8	12	8	17	9

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

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Emergency Medical Service Agency
Diversion Report

Report Date: 1/23/97

1996 Critical Care Diversion Hours...Percent of Month on Divert Status
(December 1996 Hours Adjusted for Diversion Suspension)

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average per
Chinese	0	0	0	0	0	1	0	0	0	0	0	0	0.08
CPMC(Pac)	10	0	1	12	7	2	4	6	3	7	17	13	6.83
Davies	3	1	10	4	4	2	1	4	2	4	1	3	3.25
Kaiser	8	0	11	2	3	0	3	2	0	1	4	6	3.33
Mt. Zion	2	1	10	0	1	1	0	1	12	1	7	32	5.67
St. Francis	4	1	2	8	3	2	3	1	5	5	2	22	4.83
St. Luke's	17	6	1	5	6	4	1	5	6	13	32	30	10.50
St. Mary's	0	2	6	0	3	1	0	0	0	2	1	14	2.42
SFGH	10	6	16	20	1	23	19	18	2	5	13	20	12.75
UCSF	3	26	27	0	0	0	0	0	0	1	4	7	5.67
Average / Month	5.70	4.30	8.40	5.10	2.80	3.60	3.10	3.70	3.00	3.90	8.10	14.70	5.53

1996 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average per
hinese	1	0	1	5	0	2	0	0	1	0	3	2	1.25
CPMC(Pac)	3	1	2	2	4	2	4	1	4	2	2	8	2.92
Davies	3	0	0	1	1	0	1	0	1	1	1	1	0.83
Kaiser	3	1	2	5	2	1	2	1	4	5	3	6	2.92
Mt. Zion	1	1	1	1	1	1	1	1	1	1	1	4	1.25
St. Francis	1	1	2	2	2	1	1	3	2	1	1	3	1.67
St. Luke's	8	7	3	7	5	3	3	3	3	1	3	6	4.33
St. Mary's	1	2	0	0	1	1	1	0	1	0	1	2	0.83
SFGH	2	1	1	3	1	0	1	1	1	3	1	2	1.42
UCSF	0	1	1	1	0	0	0	0	1	0	1	2	0.58
Average / Month	2.30	1.50	1.30	2.70	1.70	1.10	1.40	1.00	1.90	1.40	1.70	3.60	1.80

Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.

Emergency Medical Service Agency
Diversion Report

Report Date: 1/23/97

1995 Critical Care Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Chinese	0	0	0	0	0	0	0	0	0	0	0	1	0.08
CPMC(Cal)	0	0	0	0	0	0	0	0	0	0	0	0	0.00
CPMC(Pac)	1	0	6	17	1	1	1	3	4	12	0	2	4.00
Davies	3	10	2	1	0	1	4	3	1	0	1	13	3.25
Kaiser	0	2	4	1	0	0	0	2	0	3	0	1	1.08
Mt. Zion	0	1	0	5	1	2	1	1	0	0	0	3	1.17
St. Francis	3	1	2	1	1	1	5	1	2	0	25	15	4.75
St. Luke's	6	6	8	4	2	1	3	6	0	1	4	23	5.33
St. Mary's	0	0	0	1	0	0	0	0	0	1	1	0	0.25
SFGH	10	4	10	13	8	5	16	4	0	9	15	14	9.00
UCSF	0	0	3	14	5	7	5	5	5	8	4	12	5.67
Average / Month	2.30	2.40	3.50	5.18	1.64	1.64	3.18	2.27	1.09	3.09	4.55	7.64	3.21

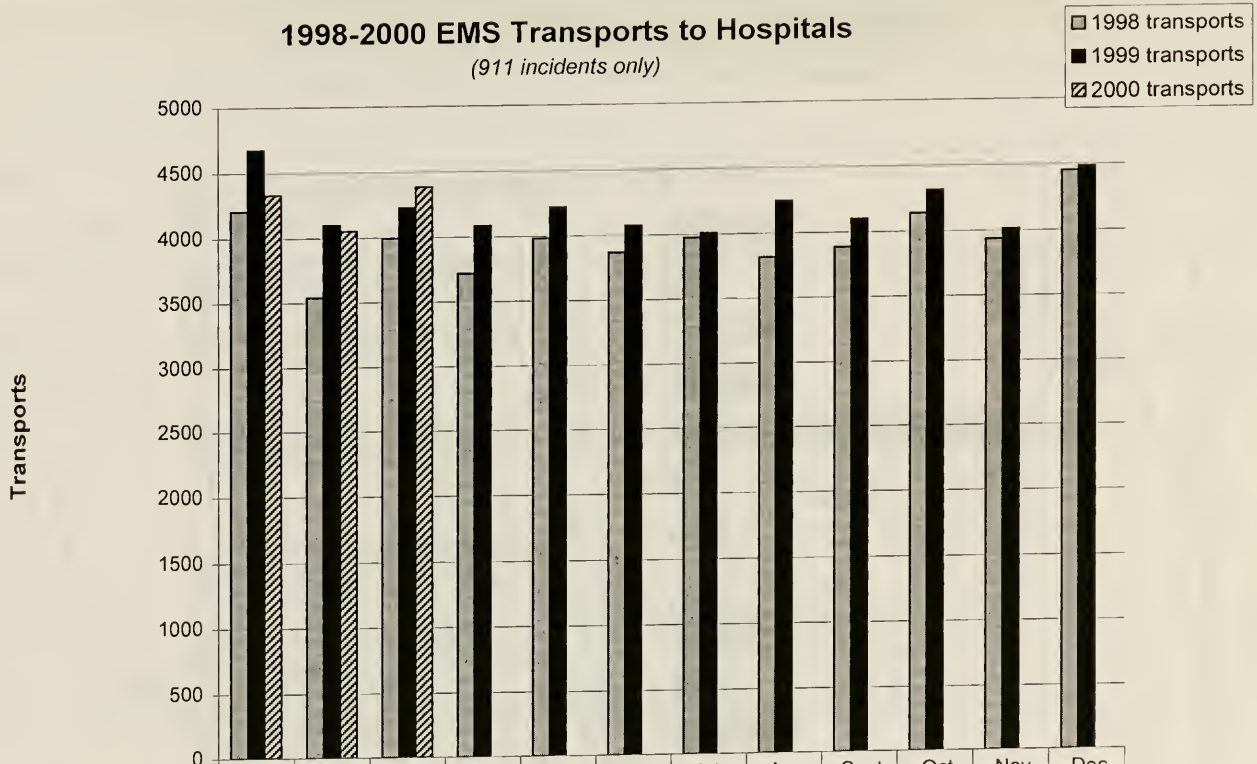
1995 Total Diversion Hours...Percent of Month on Divert Status

Hospital	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Chinese	0	1	1	0	1	0	0	1	1	1	0	1	0.58
CPMC(Cal)	0	0	0	0	0	0	0	0	0	0	0	0	0.00
CPMC(Pac)	1	1	1	1	1	2	1	1	0	2	2	5	1.50
Davies	1	1	2	0	0	1	1	1	1	0	1	1	0.83
Kaiser	7	4	2	4	1	1	1	1	5	1	1	4	2.67
Mt. Zion	0	1	0	1	0	0	0	1	1	1	0	2	0.58
St. Francis	2	1	1	3	2	3	1	1	2	1	3	2	1.83
St. Luke's	6	3	2	4	4	3	3	1	1	5	4	5	3.42
St. Mary's	1	0	1	0	0	0	1	0	1	1	0	0	0.42
SFGH	1	4	1	1	1	1	3	1	1	1	3	1	1.58
UCSF	0	0	0	0	0	1	0	1	0	0	0	1	0.25
Average / Month	1.90	1.50	1.00	1.27	0.91	1.09	1.00	0.82	1.18	1.18	1.27	2.00	1.26

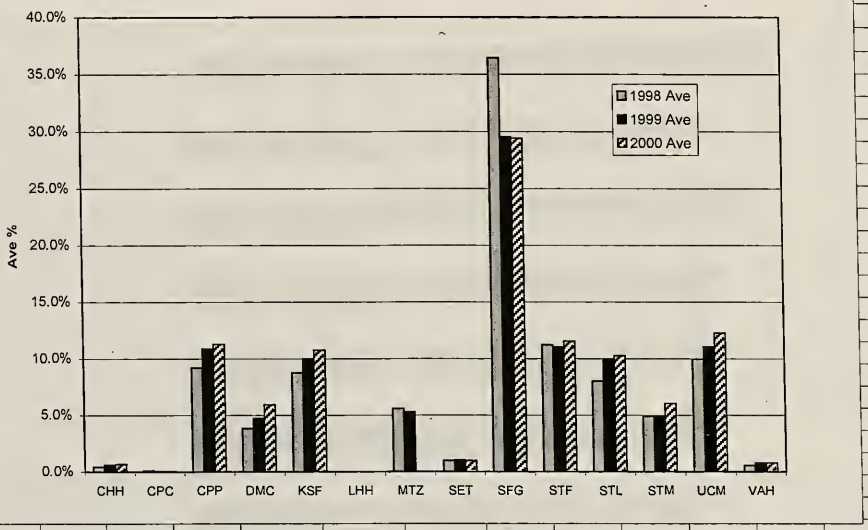
Note: A figure of 1 indicates that some diversion hours were reported but the total percent of the month is less than or equal to 1 percent.
NA = not available/ not collected

1998-2000 EMS Transports to Hospitals

(911 incidents only)



	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
1998 transports	4206	3541	3996	3719	3984	3868	3975	3815	3887	4139	3936	4453
1999 transports	4676	4097	4230	4084	4221	4073	4009	4249	4101	4316	4015	4486
2000 transports	4331	4050	4386									



Average % of EMS Transports

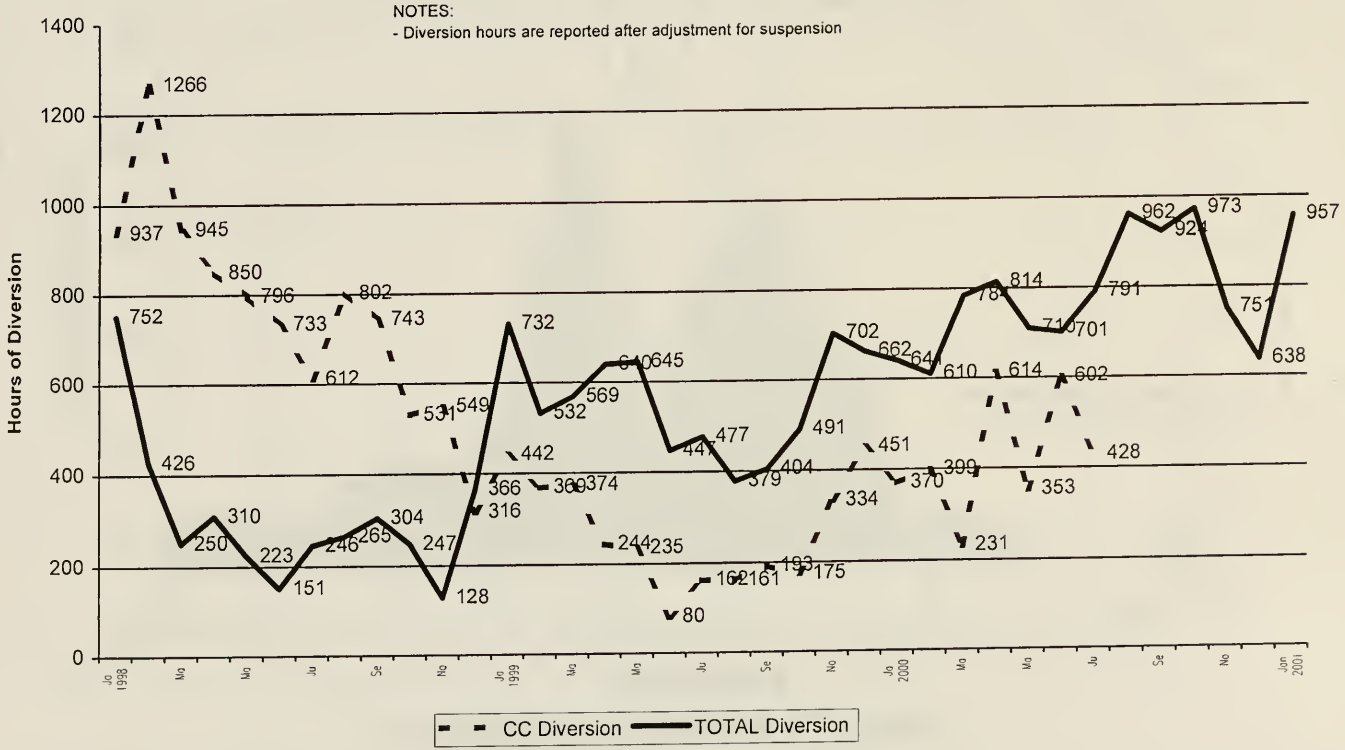
	Ave1998	Ave1999	Ave2000
CHH	0.4%	0.6%	0.7%
CPC	0.1%	0.0%	0.0%
CPP	9.2%	10.9%	11.3%
DMC	3.8%	4.7%	5.9%
KSF	8.7%	10.0%	10.7%
LHH	0.0%	0.0%	0.0%
MTZ	5.6%	5.3%	0.0%
SET	1.0%	1.1%	1.0%
SFG	36.5%	29.6%	29.4%
STF	11.2%	11.0%	11.6%
STL	8.0%	10.0%	10.3%
STM	4.9%	4.9%	6.0%
UCM	10.0%	11.1%	12.3%
VAH	0.6%	0.8%	0.8%
total:	**100.0%**	**100.0%**	**100.0%**

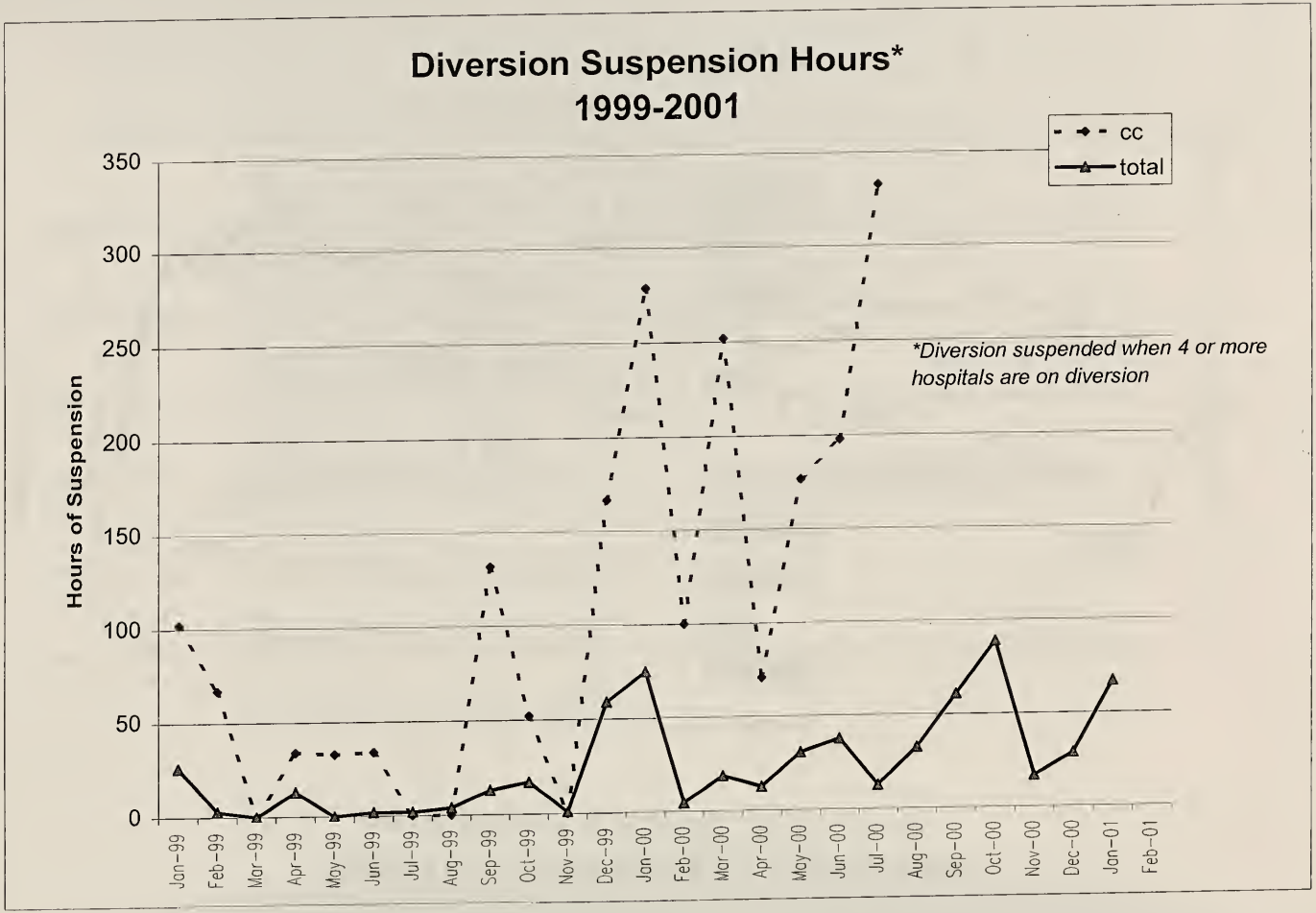
Total EMS Transports

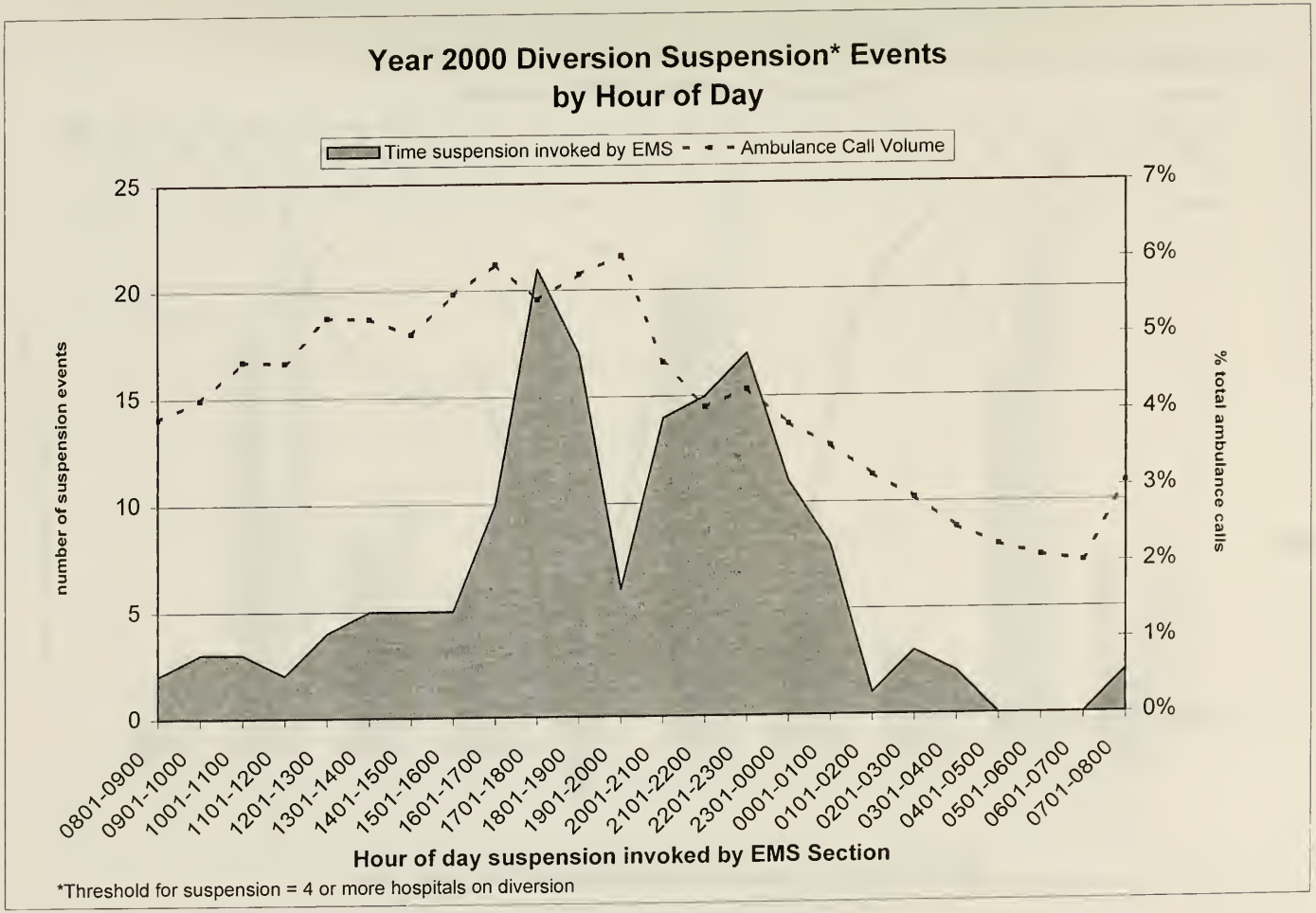
	1998	1999	1st quarter 2000
CHH	206	317	86
CPC	48	17	4
CPP	4367	5488	1442
DMC	1826	2402	757
KSF	4160	5059	1372
LHH	1	1	0
MTZ	2665	2667	0
SET	465	536	126
SFG	17307	14952	3753
STF	5334	5581	1475
STL	3811	5040	1310
STM	2318	2509	772
UCM	4741	5593	1570
VAH	270	395	100
total:	**47519**	**50557**	**12767**

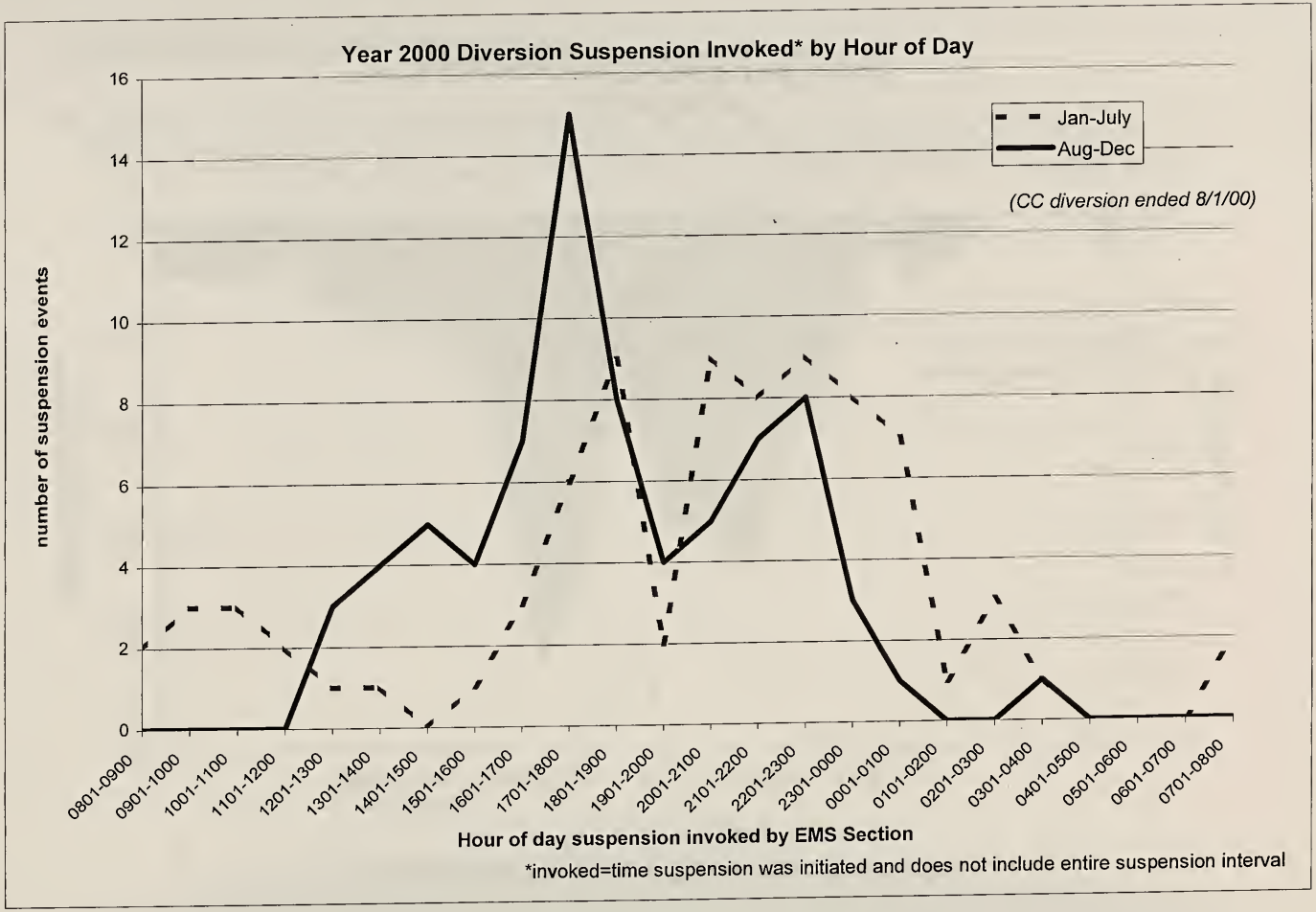
Total Hours of Diversion: 1998-2001

sum of all hours of diversion for all hospitals

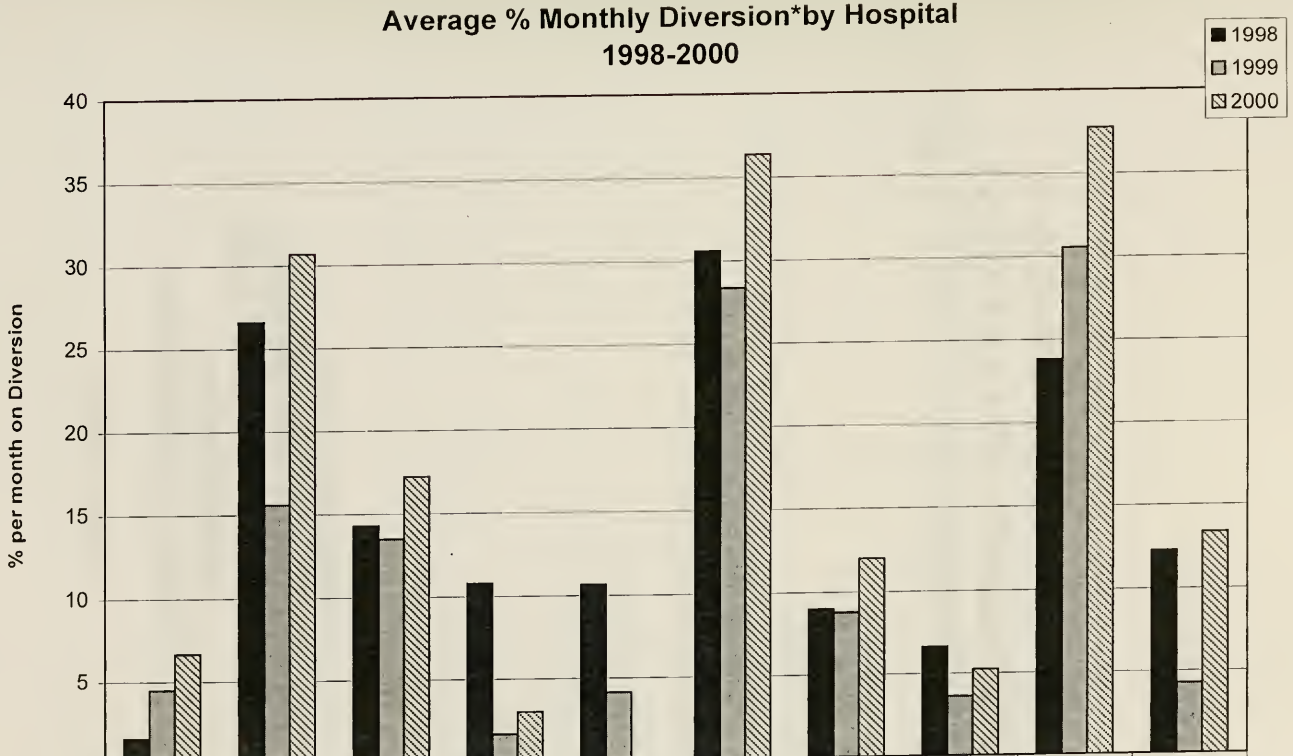



Diversion Suspension Hours*
1999-2001
cc
total
Hours of Suspension
350
300
250
200
150
100
50
0
*Diversion suspended when 4 or more hospitals are on diversion
Jan-99
Feb-99
Mar-99
Apr-99
May-99
Jun-99
Jul-99
Aug-99
Sep-99
Oct-99
Nov-99
Dec-99
Jan-00
Feb-00
Mar-00
Apr-00
May-00
Jun-00
Jul-00
Aug-00
Sep-00
Oct-00
Nov-00
Dec-00
Jan-01
Feb-01


Year 2000 Diversion Suspension* Events
by Hour of Day
Time suspension invoked by EMS
Ambulance Call Volume
number of suspension events
% total ambulance calls
25
20
15
10
5
0
7%
6%
5%
4%
3%
2%
1%
0%
0801-0900
0901-1000
1001-1100
1101-1200
1201-1300
1301-1400
1401-1500
1501-1600
1601-1700
1701-1800
1801-1900
1901-2000
2001-2100
2101-2200
2201-2300
2301-0000
0001-0100
0101-0200
0201-0300
0301-0400
0401-0500
0501-0600
0601-0700
0701-0800
Hour of day suspension invoked by EMS Section
*Threshold for suspension = 4 or more hospitals on diversion


Year 2000 Diversion Suspension Invoked* by Hour of Day
number of suspension events
16
14
12
10
8
6
4
2
0
Jan-July
Aug-Dec
(CC diversion ended 8/1/00)
0801-0900
0901-1000
1001-1100
1101-1200
1201-1300
1301-1400
1401-1500
1501-1600
1601-1700
1701-1800
1801-1900
1901-2000
2001-2100
2101-2200
2201-2300
2301-0000
0001-0100
0101-0200
0201-0300
0301-0400
0401-0500
0501-0600
0601-0700
0701-0800
Hour of day suspension invoked by EMS Section
*invoked=time suspension was initiated and does not include entire suspension interval

Average % Monthly Diversion*by Hospital
1998-2000



	Chinese	CPMC	Davies	Kaiser	Mt. Zion	St. Francis	St. Luke's	St. Mary's	SFGH	UCSF
1998	2	27	14	11	11	31	9	7	24	12
1999	4	16	13	2	4	28	9	4	31	4
2000	7	31	17	3	0	36	12	5	38	13

*Diversion hours adjusted for suspension

AMBULANCE DIVERSION & EMERGENCY DEPARTMENT OVERCROWDING IN SAN FRANCISCO

Presentation to the
San Francisco Health Commission
by John Brown, MD, MPA, FACEP
Medical Director
Emergency Medical Services

June 19, 2001

EXECUTIVE SUMMARY

Diversion is the practice of redirecting an ambulance away from a hospital's emergency department. Diversion is an important indicator of available hospital and emergency department resources in relation to current patient demand for those services. The intent of any diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals within an EMS System. Diversion is an indicator that overall hospital and emergency department capacity is exceeded within a given EMS system when multiple hospitals are diverting ambulances.

Emergency department overcrowding, and diversion are now a well documented national phenomena. The underlying causes for diversion, and hospital and emergency department overcrowding include:

- Increased complexity and acuity of patients presenting to emergency departments.
- Overall, increase in patient volume.
- Managed care utilization issues.
- Lack of beds for patients admitted to hospitals.
- Delays in service provided by radiology, laboratory, and ancillary services.
- Nursing and support staff shortages.
- On-call specialty consultant shortages.
- Shortage of physical plant space within the emergency department.
- The current fiscal climate for healthcare.

Diversion may prolong ambulance transport time from a patient's initial location to a hospital. Diversion prevents patients from reaching their hospital of choice. Diversion slows the *inflow* of patients and redistributes them to hospitals with available capacity. It is one strategy to cope with temporary mismatches of demand for emergency care and supply of emergency care treatment capacity. However, it does nothing to improve the *outflow* of patients from a hospital.

Emergency department overcrowding presents a serious threat to the health of a community. Hospital emergency departments provide immediate care to the critically injured and ill. Around the clock, emergency departments stand ready to deliver the most advanced medical care available in their communities. Because emergency departments are available to everyone, regardless of ability to pay, they ensure essential access to the health care system. Overcrowding threatens this access.

Various local, state and federal efforts have attempted to address diversion and emergency department overcrowding. The problem of diversion and overcrowding continues to grow

in San Francisco and throughout the nation. Emergency department overcrowding and diversion are symptoms of greater problems with our current healthcare system. San Francisco is not immune to these problems. The issue is one of *supply* versus *demand.* Diversion and emergency department overcrowding are complex issues. It is clear that solutions to the problem must address both sides of the supply versus demand equation. Before specific comprehensive solutions are to be developed, San Francisco must undertake a more thorough study of emergency department overcrowding and diversion to better understand the more significant drivers of our local problem. Then can we proceed in a rational and thoughtful manner to genuinely address our local needs through comprehensive, collaborative long-term planning efforts and commitment of major community resources.

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INTRODUCTION

Diversion is the practice of redirecting an ambulance away from a hospital's emergency department. Although diversion receives a great deal of attention, it is one of the most misunderstood aspects of Emergency Medical Services (EMS). The intent of any diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals within an EMS System. In general, diversion systems usually achieve this goal and are therefore effective solutions to short-term resource shortfalls.

Diversion is an important indicator of available hospital and emergency department resources in relation to current patient demand for those services. Diversion is an indicator that overall hospital and emergency department capacity is exceeded within a given EMS system when multiple hospitals are diverting ambulances. The following report examines the underlying causes for San Francisco's diversion, and hospital and emergency department overcrowding issues.

CAUSES OF HOSPITAL DIVERSION

Emergency department overcrowding, and diversion are now a well documented national phenomena. The president of the American Hospital Association, Dick Davidson, recently stated that, "emergency room diversions are the result of larger health care problems including more patients, fewer beds due to mergers, and fewer nurses and support staff."[1]

Drs. Robert Derlet and John Richards, two emergency medicine physicians published a recent article in the Annals of Emergency Medicine detailing the multiple causes and impacts of emergency department overcrowding from a national perspective.[2] Summarized below are those causes as described by the authors:

1. *Increased complexity and acuity of patients presenting to the emergency department.* This is linked to the aging population and concomitant chronic diseases. Such patients presenting to an emergency department require more time and energy to determine the cause and best treatment for their presenting conditions.

2. *Overall, increase in patient volume.* The increased volume is due to regional population growth; decreased access to office and clinic physicians due to managed care, and increasing numbers of uninsured patients.

3. *Managed care problems.* As noted above, managed care decreases access to office and clinic physicians. Patients often chose to go to an emergency department instead of waiting several weeks for a scheduled office visit. Occasionally, a patient's condition worsens due to the wait and the patient ends up presenting to the emergency department with a more severe problem.

4. *Lack of beds for patients admitted to hospitals.* When a patient is admitted to the hospital, they must wait in emergency department for a bed within the hospital to become available. During this waiting period, they will occupy valuable space in the emergency department

5. *Avoiding inpatient hospital admission by 'intensive therapy" in the emergency department.* With advances in medical science and changes in medical practice, many patients are now treated and released directly from the emergency department. While this practice spares inpatient resources, it does tie up emergency department space.

6. *Delays in service provided by radiology, laboratory, and ancillary services.* As demands for these types of services from the emergency department increases, so does the waiting time to obtain these services.

7. *Shortage of nursing staff.* Fewer nurses are available for increasing numbers of patients. Additionally, this means more work for the remaining nurses, which contributes to staff turnover.

8. *Shortage of administrative / clerical support staff.* Fewer administrative / clerical staff are available for increasing amounts of paperwork essential for patient flow. This also means more work for the remaining staff, which contributes to job turnover.

9. *Shortage of on-call specialty consultants or lack of availability.* Specialists help provide definitive treatment to emergency department patients. Longer waits for their service means more time in the emergency department. If they are unavailable, the patient may be transferred elsewhere for care.

10. *Shortage of physical plant space within the emergency department.* Most emergency departments were built years ago, when fewer patients were served. More patients means more space is needed to treat them. However, overall emergency department physical space has not increased significantly.

11. *Problems with language and cultural barriers.* Additional staff time is needed to care for patients who need translation or understanding of cultural barriers.

12. Shortage of house staff who rotate through teaching hospital emergency departments. Some medical specialties are curtailing time in the emergency department to fulfill other medical residency requirements.

13. *Increased medical record documentation requirements.* Both insurers and the federal government are requiring emergency department staff to complete more detailed medical records.

14. *Difficulty in arranging follow up care.* In the case of some uninsured patients, extra medical studies may be done on the assumption that if the studies are not done in the emergency department; they will never be done.

The current fiscal climate for healthcare contributes to emergency department overcrowding and diversion. Recent cutbacks in Medicare and Medicaid and various laws mandating emergency medical treatment created huge negative impacts on the financial status of hospital emergency departments. The Consolidated Omnibus Reconciliation Act (COBRA) and the Emergency Medical Treatment Act and Labor Act (EMTALA) recognizes the essential role of hospital emergency departments and requires that emergency services be available to everyone regardless of ability to pay. Under these laws, hospitals participating in the Medicare program are required to screen all patients seeking emergency services to determine whether an emergency condition exists. If an emergency medical condition is found, the hospital is required to stabilize the patient to the best of their abilities. Hospitals failing to comply with COBRA / EMTALA are subject to federal sanctions. Many patients who face financial barriers to medical care use emergency departments as their primary care provider because hospitals participating in the Medicare program cannot refuse to examine people requesting emergency care. While COBRA/EMTALA plays an important role in ensuring access to emergency services, this mandate is largely unfunded. Medicaid reimbursements for emergency services are often well below cost, and managed care plans often deny claims for emergency services.[3]

In California, the fiscal condition of emergency and trauma care services are particularly dire. The California Medical Association recently released a report noting that the California emergency care system is on the "brink of disaster."[4] The report notes the following trends in California:

- In 1998-99, emergency departments reported financial losses of over $135 million while serving 9.3 million patients.
- Physicians working in emergency departments experienced losses exceeding $100 million.

- The average emergency room patient is treated at a loss of $46 per patient.
- Throughout California, ambulances are being diverted, hospitals are shutting down or scaling back emergency services, and patients are waiting hours for treatment.
- Emergency room losses are widespread, occurring in every area of the state with 30% of those deficits occurring in Los Angles County with $94 million in losses for 1998-99.
- Eight of ten hospital emergency rooms in San Francisco reported losses for 1998-99 ranging from $392,253 - $1,531,635.[5]

The California Healthcare Foundation has funded a UCLA study entitled, "Evaluation of Emergency Department Capacity and Utilization in California." This study attempts to quantify the magnitude and the causes of Emergency Department overcrowding in California. A few San Francisco hospitals participated in this study. Final study results are pending publication in a medical journal later this year. However, preliminary study results indicate that the average patient acuity has worsened in emergency departments statewide. It also found that California has fewer hospitals in 1999 than in 1990 due to hospital closures. In 1990, California had 407 hospitals while in 1999 it had only 350. During that same period, the California population has increased dramatically.[6] The remaining California emergency departments are seeing not only seeing more patients, but those patients are sicker.

San Francisco, like many cities across the United States, is experiencing a severe nursing shortage. The nursing shortage is yet another significant contributor to hospital overcrowding. Hospital beds and even entire units are closed due to the unavailability of nurses. A recent national survey of nursing demographics found that the share of registered nurse population below age 30 dropped 25.1% in 1980 to 9.1% in 2000, while the average age of registered nurses today is over 45 years old.[7] Unless the nursing profession can attract and retain new recruits, the shortage will continue to worsen and the negative impacts on hospitals will grow. When in-patient beds or units are closed due a lack of nurses, patients admitted from the emergency department must wait there until a bed becomes available. Sometimes these waits are hours or even days. It is no longer uncommon for a hospitalized patient to complete the entire course of their hospital stay in an emergency department. The lack of in-patient beds blocks the *outflow* of patients from the emergency department. With continued *inflow* into the emergency department, overcrowding quickly ensues.

In San Francisco, there are additional concerns about whether we are using our current emergency department bed capacity appropriately. Recently, the Hospital Council of

Northern and Central California assessed the utilization of citywide emergency department resources by inebriated patients. The EMS Section compiled the results. The assessment was done in response to increasing anecdotal reports from San Francisco emergency departments about intoxicated patients using treatment spaces for sobriety. The assessment consisted of a simple count of the number of intoxicated patients present in the San Francisco's emergency departments on two different days. There was no attempt to standardize inclusion criteria (what characteristics constituted an "inebriated patient") or exclusion criteria (e.g. if a patient met both trauma center criteria due to injury and inebriate count criteria due to some intoxication factor they were not excluded from the analysis). The assessment found a significant number of intoxicated patients present in emergency departments throughout the city. The EMS Section recommended that further study of the magnitude of the problem be undertaken. It also recommended that plans to address the issue be conducted with the participation of substance abuse professionals. The assessment also noted that inebriated patients alone do not explain diversion rates. Other factors, such as the time of day and patient volume may play a larger role in emergency department overcrowding.

The San Francisco experience with emergency department overcrowding and diversion has not been the subject of a citywide study. It is likely though that causes for emergency department overcrowding in San Francisco mirrors what emergency departments nationwide are experiencing. In the most simplistic sense, the diversion, hospital and emergency department overcrowding is an issue of *supply* versus *demand.* On the supply side, we lack basic information such as what is our citywide system capacity and what are the utilization patterns of that capacity. On the demand side, we know very little about what drives the demand for emergency medical services in San Francisco. Both the supply and demand of emergency medical services in San Francisco deserve further in-depth study.

CONSEQUENCES OF HOSPITAL DIVERSION

Ambulance transport time from the patient's initial location to a hospital may be prolonged due to diversion. Patients also may not be able to reach their hospital of choice. This is particularly problematic if a patient's medical records are located at a different hospital.

Diversion slows the *inflow* of patients. However, it does nothing to improve the *outflow* of patients from a hospital. Critical patients that cannot be moved to intensive care unit beds must remain in the emergency department until either a bed becomes available, or a transfer to a different hospital's intensive care unit can be done. Within a hospital, patient transfers from intensive care units are dependent upon available medical-surgical beds.

The inability to move patients through the various levels of care within a hospital leads to gridlock and back up within the hospital and the emergency department. In the past, hospitals have relied on diversion as a means to manage this problem. However, when all hospitals are experiencing this problem and all are using diversion to manage it, the EMS system becomes gridlocked (multiple hospitals are on diversion). At this point, the EMS Section steps in and suspends diversion for the entire EMS system. This enables the medical 911 system to continue functioning. However, it does not alleviate hospital overcrowding and can actually further aggravate it.

It should be noted that hospital diversion has no impact on patients who self-present to a hospital emergency department via private vehicle or walk through the door. It also has little impact on physicians who direct patients to self-present to emergency departments for further care.

CONSEQUENCES OF EMERGENCY DEPARTMENT OVERCROWDING

Hospital emergency departments provide immediate care to the critically injured and ill. Around the clock, emergency departments stand ready to deliver the most advanced medical care available in their communities. Because emergency departments are available to everyone, regardless of ability to pay, they ensure essential access to the health care system. For the underserved population, emergency departments are open when other doors are closed. The emergency department is also the gateway to all the their medical resources available in a hospital. In a report on emergency departments, the American Hospital Association notes that trends in hospitals emergency departments raise important questions for America's healthcare system.[8] The report states:

> "Originally conceived to treat the most urgent medical crises, hospital emergency departments are now the front door to the entire healthcare system. Not only do hospital emergency departments treat victims of heart attacks, strokes, and traumas, they provide access to all who seek care, as required by Federal and state laws. In inner cities and rural communities, emergency departments are not the providers of last resort, they are the first and only providers willing to care for the patients who arrive off-hours or have no insurance. Uninsured emergency patients not only generate uncompensated costs in the emergency department, but are responsible for even greater levels of uncompensated inpatient care. Given the financial pressures facing hospitals, the ability of hospital emergency departments to meet the mission of providing both critical emergency care and universal access to services is threatened."[9]

LOCAL, STATE AND NATIONAL RESPONSES

Significant problems with emergency department / hospital overcrowding, diversion and gridlock were beginning to emerge in San Francisco and throughout the state beginning with the 1997-1998 winter. The flu hit the state hard that winter and severely stressed healthcare resources statewide with severe hospital overcrowding and overburdened EMS systems. In response to the 1997-1998 winter crisis, a statewide task force convened to examine the problem. A report entitled, "The California Health Care System: Overview of the Hospital/EMS Crisis Winter 1997-98," was the product of the group's efforts.[10] The San Francisco EMS Section in collaboration with the Hospital Council of Northern and Central California has worked diligently to implement many of the report's recommendations. Since the publication of that report, the problem of ambulance diversion and hospital overcrowding has continued to grow in San Francisco and throughout California.

On February 13 of this year, the California State Assembly held hearings on status of Emergency Services & Trauma Care in California. State Assembly Health Committee Chair Helen Thompson called the informational hearing in response to a number of bills that have been introduced to alleviate the issues around emergency services and trauma care in California. It is unknown what actions the state will take at this time since the emerging power crisis has eclipsed the emergency department overcrowding and diversion issues.

Several other states and the federal government are addressing the various issues causing hospital overcrowding. A search of the American Hospital Association's website reveals that multiple states have passed various bills aimed at easing the nursing shortage.[11] Several United States senators are considering introducing similar legislation. President Bush has even addressed the nursing shortage in his proposed budget submitted to Congress. In the budget, Bush recommend focusing resources on Health Professions' grants that address current health workforce supply challenges, such as the impending nursing shortage and improving diversity in the health professions.[12]

CONCLUSION

Diversion systems manage short-term resource shortfalls when demand exceeds capacity at one or a few of the hospitals participating in the EMS System. Diversion systems fail when we are exceeding our overall hospital system capacity. Emergency department overcrowding and diversion are symptoms of greater problems with our current healthcare system. San Francisco is not immune to these problems. The issue is one of *supply* versus *demand*. Hospital closures, fiscal pressures, nursing shortages, and increasing patient volume and acuity have all contributed nationally and locally to increasing emergency department overcrowding and diversion. Due to their multiple etiologies, diversion, and hospital / emergency department overcrowding are complex issues. Solutions to the problem will have to address both sides of the supply versus demand equation. Before solutions are to be developed though, San Francisco must undertake a more thorough study of emergency department overcrowding and diversion to better understand the more significant drivers of our local problem. Only then can we proceed in a rational and thoughtful manner to address our local needs through a comprehensive and collaborative long-term planning efforts.

RECOMMENDATIONS

I. The EMS Section recommends that San Francisco's public and private healthcare leadership convene to discuss and develop short-term and long-term strategies to improve hospital capacity and utilization to meet the health needs of San Francisco residents.

II. Efforts to improve hospital capacity and utilization should include an in-depth investigation of in-patient hospital resources for San Francisco. This investigation should include:
   A. Current and projected demands for in-patient services based on population and resident health status.
   B. Current and projected supply of hospital beds (including critical care beds, and workforce).
   C. Current and projected bed utilization patterns and demands.
   D. An analysis of total EMS system (Emergency Department and ambulance) capacity and utilization.
   E. An examination of EMS system activity and its relationship to the health status of city residents.

III. The EMS Section recommends continued support and additional augmentation of current DPH efforts to divert substance abuse patients from acute care services. Such efforts include the San Francisco General Hospital Wound Care Clinic and the Treatment on Demand Initiative.

IV. The EMS Section recommends that more detailed study of the inebriated patient's use of citywide emergency department resources. This study should be conducted with the participation of substance abuse professionals. The purpose of the study is to quantify the magnitude of the issue and determine the need for potential alternatives to care for inebriated patients.

V. The EMS Section will pursue short-term operational enhancements to the EMS system that may assist hospitals to manage short-term capacity issues. These enhancements include:
   A. Modifying the HART system to display available hospital and Emergency Department capacity to all system participants.
   A. Continue to improve the ambulance diversion and destination management system through improved ambulance-to-hospital, and ambulance to dispatch communications.

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RAPID PARAMEDIC RESPONSE SYSTEM

PILOT PROGRAM

JUNE 2001

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Background / Significance

The implementation of the Rapid Paramedic Response System (RPRS) will significantly improve the San Francisco Fire Department's response to potentially life-threatening medical emergencies. As outlined in the operational proposal, the Department will deploy firefighter-paramedics on twenty-five engines, and backfill their positions on ambulances with firefighter-EMTs. This will allow the Department to provide ALS care to patients who require it much sooner than is the current practice.

Emergency Medical Services Reconfiguration

Between 1995 and 1997, the San Francisco Emergency Medical Services Agency sponsored a community-based evaluation of the City's EMS response and transport system. The principal recommendation coming out of this process was to merge the Paramedic Division of the Department of Public Health into the Fire Department, with a primary goal of *providing Advanced Life Support first response, using the Department's engine companies as a deployment mechanism.* Due to a wide variety of factors, implementation of this recommendation has only recently begun.

Engine versus Ambulance Response Times

The basis of the reconfiguration recommendation is the difference in response times between engines and ambulances to medical incidents. On a day-to-day basis, SFFD staffs forty-two engines and twenty to twenty-two Advanced Life Support ambulances.[1] This fact alone suggests that engines on average will arrive at a given incident sooner, since there are twice as many engines, engaged in generally shorter responses.

Analysis of response times further supports this belief.[2] Using data extracted from the Computer Aided Dispatch system for April 2001, "roll times" (the interval from time of dispatch to arrival on scene), and total "response time" (the interval between 9-1-1 call receipt and arrival on scene) were determined. Responses of engines and ambulances to "Code 3" and "Code 3-Life Threatening" incidents were compared. The following results were found:

		Ambulance		Engine	
		Roll Time	Total Response Time	Roll Time	Total Response Time
Code 3	Average	5:08	7:04	3:28	5:21
	90th Percentile	8:09	10:28	4:57	7:29
Code 3 Life Threatening	Average	4:55	6:11	3:21	4:39
	90th Percentile	7:43	9:24	4:32	5:49

All times given in *minutes.seconds*.

This analysis demonstrates that engines consistently arrive at the scene of potentially life-threatening medical emergencies significantly faster than the ambulances with which they respond.

Experience with Limited ALS Engine Deployment

The San Francisco Fire Department began a limited deployment of ALS Engines in October 2000. Subject to staffing availability, firefighter-paramedics were placed on six engines in different areas of the City. A limited analysis of changes in the treatment of seriously ill patients due to ALS-capable first responders

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1 Twenty ALS ambulances are staffed by firefighter-paramedics, deployed from firehouses on a twenty-four hour basis. Two additional ALS ambulances are staffed by civilian paramedics, deployed on a variable location, peak load basis.

2 Response times calculation is a normal function of EMS system monitoring and reporting as required by SFDPH EMSS Policy 2120. Figures are based on reporting requirements listed in the policy.

was performed in March 2001, using data from 1 December 2000 through 28 February 2001. A copy of that study is attached.

In summary, ninety patients receiving time-sensitive ALS treatments were included in the study. Fifty-four received a BLS first-response, thirty-six ALS. In nine of those ALS cases, the engine paramedic was documented to have initiated ALS treatment. Patients receiving an ALS first response received treatment an average of 2:32 sooner than those receiving a BLS first response. When the engine firefighter-paramedic initiated treatment, treatment started an average 6:08 sooner than was the case with a BLS first response.

Objectives

The Rapid Paramedic Response System (RPRS) will improve the quality of care provided by the Fire Department by:

1. Placing more ALS-capable resources in service than are currently available, as measured by apparatus staffed by paramedics and equipped to deliver ALS care on a day-to-day basis.
2. Allowing faster response of ALS-capable resources than the current system, as measured by the interval between 9-1-1 call and arrival of the first ALS-capable apparatus on scene of potential ALS incidents.
3. Allowing responders to initiate Advanced Life Support (ALS) treatments sooner than is current practice, as measured by the time interval between 9-1-1 calls and initiation of time-sensitive ALS-level treatment.

In addition, RPRS will:

1. Maintain or shorten ambulance scene times for ALS patients, as measured by the interval between ambulance arrival on scene and initiation of ambulance transport for identified subsets of patients.
2. Continue to provide two paramedics to every potential ALS-level patient as identified through Criteria Based Dispatch (CBD) protocols within the same time parameters as the current system, as measured by the total response time for two paramedics to arrive on scene.
3. Result in no change in patient disposition and dispersal rates as compared to the current system, as measured by percentage of total patients for each disposition as determined from Computer Aided Dispatch (CAD) records and Patient Care Reports (PCRs).

Design / Methods

General Data Gathering Methods

There will be two primary data sources for analysis of the pilot project: CAD data and field documentation.

CAD Data

Data will be downloaded from the Department's Computer Aided Dispatch (CAD) system on a monthly basis, as per current practice. Routine analysis of CAD data per current practice will continue, using Microsoft Access database and Microsoft Excel spreadsheet software. Additional reports for points specific to this program will be added to the analysis.

Field Documentation

Pre-Hospital Care Records (PCR's) are routinely completed by Department personnel following every patient contact. Personnel also maintain a "Run Log" that summarizes incident response data (e.g. locations, times) for each apparatus. These documents will provide direct sources of data for analysis of the RPRS program.

The Department's medical billing service, Allied Information and Services, Incorporated, will use information from PCR's to compile a database of clinical patient care information. This database will provide a tool for aggregate analysis of patient care.

Study Objectives

1. **More ALS-capable resources will be in service than are currently available today.**
   a. **Outcome Variable**: Monitor daily unit deployment for variation from baseline staffing of twenty-five ALS engines and nineteen 1/1 ambulances, plus variable number of dual paramedic staffed ambulances.
   b. **Variable as Indicator of Quality Care**: Sufficient units must be in service on a daily basis to ensure delivery of ALS care in a timely fashion.
   c. **Method of Calculation:** Deployment of ALS engines will be determined prior to implementation of the RPRS program. ALS staffing levels will be taken from the Department's Human Resource Management System after 1000 hours every weekday. Weekend deployment will be reviewed early Monday mornings.
   d. **Sentinel events**: Any day where scheduled staffing drops below twenty ALS engines or nineteen ALS ambulances will be considered a sentinel event.
   e. **Action Plan**: Review and report cause of event; monitor for trends. Recommendations will be made to SFFD Administration based on observed trends.
   f. **Reporting**: Monthly, quarterly

2. **ALS-capable resources will arrive on scene sooner than is currently the case.**
   a. **Outcome Variable**: Track cumulative response time and components (queue, roll times) for all ALS engines and ambulances.
   b. **Variable as Indicator of Quality Care**: A quicker response of ALS-capable resources will enable treatment to be initiated sooner.
   c. **Method of Calculation**: All data will be taken from SFFD CAD system. Cumulative response time and components (queue, roll times) for all ALS engines and ambulances will be calculated and reported as per current practice. Further tracking for "M" level CBD-coded incidents to include response times for:
      1. First unit on scene (ALS or BLS)
      2. First ALS unit on scene
      3. Two paramedics on scene
      4. Transport unit on scene

      Reports to include average, median, and 90th percentile times, as well as standard deviation.
   d. **Sentinel Events**: None

e. **Action plan**: Consider redeployment recommendations if trends in response time deficiencies are noted.
f. **Reporting**: Monthly, quarterly

3. **Patients will receive ALS care sooner than is current practice.**
   a. **Outcome Variable**: The interval for the period between initial call to 9-1-1 and the first ALS treatment recorded on the Pre-Hospital Care Record.
   b. **Variable as Indicator of Quality Care:** Critically ill patients benefit from receiving time-sensitive treatment sooner.
   c. **Method of Calculation**: Using CAD records, the time from "call received" to "unit on scene" will be figured. The interval from "unit on scene" to initiation of treatment will be calculated from the patient care record. These two times will be added together to determine the "time to treatment." These time intervals will all be reported separately and in aggregate.

      The following treatments are generally considered time-sensitive, and will be the focus of the study:
      - Administration of aspirin and/or nitroglycerine for ischemic chest pain
      - Administration of nitroglycerine and/or furosemide for pulmonary edema
      - Administration of Albuterol for acute asthma or exacerbation of COPD.
      - Administration of $D_{50}W$ to patients presenting with altered mental status, suspected of hypoglycemia.
      - Administration of naloxone to apneic patients suspected of narcotics overdose.
      - Initiation of advanced airway management (ETT, NTT, etc) when indicated
      - Administration of IV or subcutaneous epinephrine for suspected anaphylaxis.
      - Administration of epinephrine to patients in cardiac arrest.

      In instances where the PCR does not give times for treatment initiated by engine paramedics, and the PCR indicates the procedure with the notation "PTA" or "prior to arrival," the following procedure will be used to determine the time to treatment. The response time of the ambulance from the CAD record will be added to the length of time, if any, required for the ambulance crew to reach the patient's side as indicated by the PCR. This will provide an outside approximation of the "time to treatment" when the engine medic initiated care. In reality, care will have been initiated sooner than this figure will indicate. These results will be reported separately from other results.
   d. **Sentinel Events:** None
   e. **Action Plan:** Monitor and report results.
   f. **Reporting:** Monthly, quarterly

System Monitoring

1. **Ambulance scene times will remain the same or decrease when compared to current system performance.**
   a. **Variable**: Ambulance scene times for all "M" level incidents from which patient is transported.
   b. **Method of Calculation**: The interval between ambulance arrival on scene and initiation of transport will be calculated from CAD data for all "M" level incidents from which a patient is transported. Specific areas of analysis will include:
      1. All ALS patients (see *Definitions* for description)
      2. Critical trauma patients as indicated by a Code 3 transport
      3. All Code 3 transports, when comparisons by CBD call type are available.
   c. **Sentinel Events**: Scene times for critical blunt or penetrating trauma greater than ten minutes, where the patient is readily accessible to responding personnel and there are no extrication difficulties.
      1. Investigation: PCR review, interview with paramedics, EMTs on scene. Determine reason for extended scene time.
      2. Follow-up: Coaching, individual training as warranted.

d. **Action Plan**: Track for trends in scene times, causes of Sentinel Events. If trends in Sentinel Events are noted, forward observations to In Service Training for inclusion in future battalion-based training.
e. **Reporting**: Monthly, quarterly

2. **Two paramedics will continue to respond to potential ALS-level patients as identified through Criteria Based Dispatch, within current time parameters.**
   a. **Variables:** The following variables will be monitored:
      1. Engine – ambulance interval.
      2. ALS care on code 2 transports.
      3. Single medic response to "M" level incidents.
      4. Code 2 dispatches transported code 3.
      5. Code 3 dispatches with a single paramedic attendant.
   b. **Methods of Calculation:**
      1. CAD data will be used to calculate:
         - Interval between ALS engine and ambulance arrival on scene
         - Total response time for two paramedics on scene
      2. Clinical data from PCR's will be cross-referenced with CAD data to monitor ALS care provided by paramedics on Code 2 responses.
      3. Field Rescue Captains will investigate and report on every instance of a single medic responding to an "M" level incident.
      4. Clinical data from PCR's will be monitored for patients from code 2 dispatched incidents that are transported code 3.
      5. Clinical data from PCRs will be monitored for instances of code 3 transport of a patient with a single paramedic attendant.
   c. **Sentinel Events:**
      - Engine-Ambulance interval greater than ten minutes.
        1. Investigation: CAD records for identified incidents will be reviewed. Follow-up with field crews as needed.
        2. Follow-up: Refer noted problems with dispatching to CECC CQI staff. Monitor for trends. Consider redeployment recommendations if trends dictate.
      - Any instance of a single medic responding to "M" level incident.
        1. Investigation: All instances will be **immediately** investigated by a Rescue Captain, using a format similar to BLS-tier upgrades. Results will be faxed as soon as possible to CQI section for additional review in consultation with the Department Medical Director and Operations section, consultation with CECC CQI staff as necessary.
        2. Follow-up: Refer problems noted with dispatching to CECC CQI staff. Monitor for trends. Consider IMS process for cases with moderate to high probability of impact on patient care.
   d. **Action Plan:** Monitor CAD data for trends; consider redeployment recommendations based on noted trends. Work with SFFD EMS Operations Section, CECC CQI and operations staff to modify dispatching procedures, criteria as dictated by clinical data.
   e. **Reporting:** Monthly, quarterly.

3. **There will be no change in patient disposition and dispersal rates when compared to current system performance.**
   a. **Variables:** Patient dispositions and hospital dispersion for CBD-coded incidents
   b. **Method of Calculation:** Patient dispositions will be aggregated as collected from clinical data from PCRs. Dispositions will be cross-referenced with CAD data.
   c. **Sentinel Events:** None
   d. **Action Plan:** Monitor for trends.
   e. **Reporting:** Monthly, quarterly

4. **Unusual Occurrence Reports**
   a. **Variable:** Rate of Unusual Occurrence Reports and Incident Management System investigations related to the RPRS program.
   b. **Method of Calculation:** Unusual Occurrence Reports (UO's) are a quality management tool already utilized by the SFDPH EMSS. Reports related to SFFD operations are forwarded to the Department Medical Director for investigation. The Department has a similar internal investigation mechanism, the Incident Management System. The investigation process is described in the Quality Improvement Plan section of the operational document.
   c. **Sentinel Events:** Any UO or IMS complaint will be treated as a sentinel event.
   d. **Action Plan:** All UO's and IMS incidents will be investigated per Department protocol (see RPRS Operational Proposal).
   e. **Reporting:** The results of all RPRS-related UO's and IMS investigations will be reported on a monthly basis. Trends will be reported monthly and quarterly.

5. **Clinical Performance: Advanced Airway Management**
   a. **Variable:** Success rate for advanced airway management techniques, to include oral endotracheal intubation, nasal endotracheal intubation, and needle cricothyrotomy.
   b. **Method of Calculation:** The Department currently tracks advanced airway management performance. This audit will continue, with additional fields for reporting specific to the RPRS program. Results will be compared to historical data. A **successful intubation** is defined as the placement of an advanced airway into a patient such that the patient can be ventilated, with confirmation by any and all means available to the paramedic in the field (i.e. visualized vocal cords; positive bilateral lung sounds without gastric sounds when the patient is ventilated; color change on an end-tidal CO_2 detector, etc).
   c. **Sentinel Events:** Per current protocol, any unrecognized esophageal intubation or other complication will be investigated. Paramedics may be reassigned to additional training, including O.R. time, as warranted by results of the investigation
   d. **Action Plan:** Monitor for trends. Investigate sentinel events as noted above.
   e. **Reporting:** Results of the investigation of any sentinel event related to RPRS will be reported monthly. Trends and comparisons to historical data will be reported quarterly.

6. **Clinical Performance: Cardiac Arrests**
   a. **Variables:** The following variables will be monitored:
      - Time to first shock
      - Return of spontaneous circulation (ROSC)
      - Survival through emergency department
      - Saves from presenting rhythm of ventricular fibrillation or tachycardia
   b. **Methods of Calculation:** The Department currently tracks these variables as part of its cardiac arrest / AED monitoring program. The following definitions are used:
      - Time to first shock: The interval between initiating operation of the defibrillator and delivery of the first defibrillation.[3]
      - Return of spontaneous circulation: Patient regains a palpable pulse following resuscitation in the field, as documented on the Pre-hospital Care Record.
      - Survival through the Emergency Department: Patient is admitted to a critical care unit following resuscitation in the Emergency Department. This information is obtained on follow-up with the hospital to which the patient was transported.
      - Patient "save": A patient who presents to first responders in ventricular fibrillation or tachycardia without pulses, and is discharged from the hospital awake, alert, oriented to person, place, time, and event. This information is obtained on follow-up with the hospital to which the patient was transported.

[3] Due to data collection difficulties, calculation of this interval for ALS level responders will be delayed until initiation of a separate defibrillation study on or about October 2001. Calculation for BLS level responders will continue as per current practice.

These audits will continue, with additional fields for reporting specific to the RPRS program. Results will be compared to historical data. Reporting will be categorized by nature of the first responder: BLS engine, ALS engine, or ALS ambulance.

c. **Sentinel Events:** Any cardiac arrest for which a 1/1 ambulance is the only responder (see item 2 under *System Monitoring* for follow-up procedures).
d. **Action Plan:** Monitor for trends. Investigate sentinel events as per item 2 of *System Monitoring*.
e. **Reporting:** Results of the investigation of any sentinel event related to RPRS will be reported monthly. Trends and comparisons to historical data will be reported quarterly.

Evaluation

Results of this pilot program will be measured against historical data. The CQI staff of the SFFD EMS Division will begin its monitoring and data gathering program on or about 1 June 2001. This will allow development of a one month baseline prior to implementation of the Rapid Paramedic Response Program on or about 1 July 2001. Most of the data sources for analysis of this program are created and maintained in the normal course of Department business. Thus, additional historical data can be derived as needed.

Program Success

The Rapid Paramedic Response Program will be deemed successful if the following can be demonstrated:

1. The Department consistently deploys more ALS-capable apparatus throughout the City than the current level of twenty to twenty-two ALS ambulances.
2. The Department consistently betters roll and total response times for arrival of the first ALS-capable apparatus at the scene of a potential ALS-level medical incident when compared to similar times for the twelve-month period prior to implementation of the RPRS program. Times will be measured at the 90th percentile for code 3 and code 3 life-threatening emergencies.
3. Patients requiring Advanced Life Support care consistently receive treatment sooner than similar patients do under the current system of BLS first response and dual paramedic ALS ambulance response.

In addition, the following should be demonstrated:

1. There should be no increase in ambulance scene times for RPRS responses, compared to current practice.
2. The Department should continue to deliver two paramedics to a potential ALS-level patient within the same response time parameters as measured for the twelve-month period prior to implementation of the RPRS program. Times will be measured at the 90th percentile for code 3 and code 3 life-threatening emergencies.

Conclusion

The San Francisco Fire Department welcomes the opportunity to pilot a new Emergency Medical Service response model. The Rapid Paramedic Response System will significantly improve the quality of emergency medical care that the Department provides to the residents of and visitors to San Francisco. It will make more ALS resources available to the City. Those units will arrive at the scene of a medical emergency quicker, and start advanced treatments, when required by the patient, sooner. RPRS will continue to provide two paramedics to the scene within the same amount of time as the present system. Scene times for ambulances will remain the same, or may even decrease, resulting in more expeditious transport of the patient to definitive care. No changes in incident disposition will be observed.

Available data suggests that this program will result in significant improvements in emergency patient care. The Department is confident that this will be the case.

Definitions

ALS: Advanced Life Support medical care, as defined by the SFDPH EMSS scope of practice for EMT-Paramedics.

ALS Patient: Any patient requiring ALS-level treatment beyond preventative TKO ("to keep open") intravenous access, glucometer testing of blood sugar levels, and simple EKG monitoring.

BLS: Basic Life Support medical care, as defined by the SFDPH EMSS scope of practice for basic EMT's.

CAD: Computer Aided Dispatch system.

Criteria Based Dispatch (CBD): The Emergency Medical Dispatch system of triage and pre-arrival instructions employed by the Consolidated Emergency Communications Center **(CECC).**

Destination Dispersion: A measure of the frequency of patients transports to San Francisco area Receiving Hospitals. This information will be reported as raw number and percentage of all transports.

Dispatch: The response of a single apparatus to a request for assistance. One *incident* often involves multiple *dispatches.*

Disposition: The outcome of every incident or dispatch. For medical incidents, dispositions are classified as "Transport" or "Non-Transport." Dispositions are further categorized by destination or nature within each classification.

Incident: A single instance of a request for assistance from the Fire Department by the public.

"M" Level CBD Incident: Incidents requiring an emergency response per CBD. These encompass "Code 3" and "Code 3 Life Threatening" incidents as defined by the San Francisco Emergency Medical Services Section.

One and One (1/1) Ambulance: An ambulance staffed by a firefighter-paramedic and a firefighter-EMT. Considered an ALS unit.

Queue Time: The interval between receipt of call and its dispatch. A component of *response time.*

Response Time: The interval between initial receipt of call and arrival of a given unit on scene.

Roll Time: The interval between dispatch of a unit and its arrival on scene. A component of *response time.*

RPRS: Rapid Paramedic Response System. A program that will enhance the response capability of SFFD fire engines by adding a firefighter-paramedic to the crew complement of twenty-five engines. At the same time, the staffing configuration of nineteen ambulances will change from dual firefighter-paramedics to a firefighter-paramedic and a firefighter-EMT.

Scene Time: The interval between a unit's arrival on scene and its departure, either to transport a patient or return to service.

Time on Task: The period of time spent by a unit on a dispatch. This interval is measured from time of dispatch to an incident until the unit goes back into service.

References

Optimizing the Configuration of San Francisco's Emergency Medical Services System, Phase II Report, Conducted under the auspices of the San Francisco Department of Public Health Emergency Medical Services Agency, Mitchell Katz, M.D., Medical Director, February 1997

Rapid Paramedic Response System, Getting the Best Resources to the Scene as Quickly as Possible, San Francisco Fire Department, Paul Tabacco, Acting Chief of Department, April 2001

Draft Report: ALS Engine Study – 1 December 2000 to 28 February 2001 (not published), San Francisco Fire Department, Paul Tabacco, Acting Chief of Department, March 2001

Attachments

1. *Draft Report: ALS Engine Study – 1 December 2000 to 28 February 2001*

ALS Engine Study – 1 Dec 2000 to 28 Feb 2001

Purpose

To evaluate impact of paramedic-staffed engines on patient care.

Hypotheses

1. Patients will receive time-sensitive treatments sooner when the first-responding apparatus includes a paramedic.
2. Ambulances will spend less time on scene when the first-responding apparatus includes a paramedic.

Method

Six engines have been designated by SFFD as ALS engines. They are E16, E19, E31, E32, E44, and E48. Due to staffing considerations, these units are not always staffed with paramedics. This fact provides randomization within the study group.

PCR's for all patients to which the above units responded were collected and audited for care provided. The following treatments are generally considered time-sensitive, and were the focus of the study:

- Administration of aspirin or nitroglycerine for ischemic chest pain
- Administration of nitroglycerine or furosemide for pulmonary edema
- Administration of Albuterol for acute asthma or exacerbation of COPD.
- Administration of $D_{50}W$ to unconscious, unresponsive patients suspected of hypoglycemia.
- Administration of naloxone to apneic patients suspected of narcotics overdose.
- Initiation of advanced airway management (ETT, NTT, etc) when indicated
- Administration of subcutaneous epinephrine for suspected anaphylaxis.
- Administration of epinephrine to patients in cardiac arrest.

The interval for the period between initial call to 9-1-1 and initiation of the **first** treatment recorded on the patient record was calculated. Using CAD records, the time from "call received" to "unit on scene" was calculated. The interval from "unit on scene" to initiation of treatment was calculated from the patient care record. These two intervals were added together to determine the "time to treatment."

In many instances, the PCR did not give times for treatment initiated by engine paramedics. The PCR simply indicated the procedure with the notation "PTA" or "prior to arrival." In these cases, the response time of the ambulance from the CAD record was added to the length of time, if any, required for the ambulance crew to reach the patient's side as indicated by the PCR. This allows an approximation of the "time to treatment" when the engine medic initiated care.

Incidents that qualified for the study were divided into those that received an ALS engine, and those that received a BLS engine response. Within the ALS engine group, responses were further subdivided into those for which the engine medic initiated care, and those for which the ambulance crew initiated treatment procedures.

Findings

Between 1 December 2000 and 28 February 2001, these six ALS-designated engines responded to ninety patients who qualified for this study. These cases can be divided into three broad categories, as described below:

Responders	Number of Patients	Percent
BLS engine; care initiated by ambulance paramedics	54	60%
ALS engine; care initiated by ambulance paramedics	27	30%
ALS engine; care initiated by engine paramedic	9	10%

The following treatments were initiated, by responder category:

Treatment	BLS Engine/ Ambulance Medic	ALS Engine/ Ambulance Medic	ALS Engine/ Engine Medic	Total
Advanced Airway Management	5	3	1	9
Albuterol	13	10	1	24
Aspirin	14	7	1	22
$D_{50}W$	4	1	0	5
Nitroglycerine	18	6	6	30
Total	54	27	9	90

Time to Treatment

In auditing charts, a number were noted to be incomplete with respect to times required for this study. In addition, a number of inaccurate times were noted in examining CAD records. In these cases, the data was not included in this analysis. The following table summarizes the findings.

		Treatment by Engine Medic?		Overall Avg Time to Treatment
ALS Engine?		NO	YES	Total Number of Cases
YES	Avg Time to Treatment	15:36	10:32	14:08
	Number of Cases	22	9	31
NO	Avg Time to Treatment	16:40	N/A	16:40
	Number of Cases	45	N/A	45
Overall Avg Time to Treatment		16:19	10:32	15:38
Total Number of Cases		67	9	76

Another look:

	BLS Engine/ Ambulance Medic	ALS Engine/ Ambulance Medic	ALS Engine/ Engine Medic	All ALS Engine Responses
Avg Time to Treatment	16:40	15:36	10:32	14:08
No. of Cases	45	22	9	31

Response Times

The following table summarizes responses times for engines and ambulances, for all incidents included in this study. Data was derived from CAD records. Incidents in which the unit did not report themselves "on scene", or times were not accurately recorded by the communications center (based on comparison of PCR's and CAD records) were excluded.

		Engine	Ambulance
Total Response Time	No. of Responses	83	78
	Average	5:08	7:48
	Median	4:47	7:27
	90th Percentile	6:37	11:22
Roll Time	No. of Responses	83	78
	Average	3:31	6:14
	Median	3:09	6:15
	90th Percentile	4:55	9:11

Scene Times

Ambulance scene times were measured from time recorded "on scene" in the CAD to time of transport. Records were culled by comparing times recorded on the PCR's to those recorded in the CAD, and CAD records with significant errors were removed (e.g. units recorded on scene immediately prior to transport). Non-transports were also excluded (e.g. medical examiner cases). The following table summarizes the findings.

	BLS Engine/ Ambulance Medic	ALS Engine/ Ambulance Medic	ALS Engine/ Engine Medic	All ALS Engine Responses
Avg Scene Time	23:38	21:22	18:44	20:38
No. of Cases	40	23	9	32

Transport

Code of transport appears to be relatively unaffected by the presence of a medic on the engine. The following table summarizes these findings. Documentation performance definitely affects these findings (twenty percent of all transport codes not documented).

ALS Engine?		Code 2 transport	Code 3 transport	No transport	Not documented	Grand Total
YES	Number	21	8	1	6	36
	Percent of Total	58.3%	22.2%	2.8%	16.7%	100.0%
NO	Number	34	7	2	11	54
	Percent of Total	63.0%	13.0%	3.7%	20.4%	100.0%
Total		55	15	3	17	90
Percent of Total		61.1%	16.7%	3.3%	18.9%	100.0%

Of the ninety cases examined, **engine crews** were documented to have **accompanied the ambulance to the hospital five times** (5.6% of all incidents).

Discussion

It seems intuitively obvious that if a paramedic arrives sooner at the patient's side, the patient will receive care sooner. However, the history of pre-hospital care is replete with examples of the "obvious" that do not bear out under scrutiny (e.g. MAST suits).

Results from this small study, however, seem to bear out the initial hypotheses.

Response times show that engines arrive at the patient's side significantly sooner than ambulances, whether comparing average or 90th percentile response times. These time gaps can be critical for patients who are seriously ill.

In examining the issue of who actually initiates treatment interventions (engine vs. ambulance paramedic), it is apparent that the ambulance EMT-P begins treatment for 75% of ALS engine responses. There are two explanations for this. Documentation may be one source of these numbers (see "Documentation Issues").

A second cause is the interval between engine and ambulance arrival. If this interval is short, the engine medic may still be in the process of assessing the patient as the ambulance crew arrives. While the engine medic may not initiate treatment interventions, they may direct the arriving crew in treating the patient. By assessing the patient and directing the subsequent treatment, the engine medic has shortened the time to treatment. Future studies will examine this issue.

Scene times for ambulances are noticeably shorter when responding engines have ALS capability. This allows the patient to move towards definitive care quicker. Rapid transport is especially important in trauma cases, and will be examined in the future. Future points of study might also include comparing scene times by patient complaint and acuity.

Documentation Issues

Quality of documentation definitely affects the ability to obtain useful information from PCR's. One of the most frequent issues observed was the infrequency of documentation of the paramedic actually administering treatment.

Engine paramedics were credited with treating a patient only when such activity was positively documented on the PCR. If no paramedic was identified as providing a particular treatment, the attending paramedic on the ambulance was credited as initiating the treatment. ***Thus, the incidence of engine medics initiating treatment is likely higher than is reflected in this study.***

Case in point: The following chart shows documentation of care initiated by the engine paramedic versus code of transport. It also shows the number of times that documentation shows the engine medic accompanying the ambulance to the hospital.

	Code 2 transport	Code 3 transport	No transport	Not Documented	Grand Total
Total ALS Engine Responses	21	8	1	6	36
Engine Medic Initiated Care	3	3	0	3	9
Engine Medic to Hospital	0	4	0	0	4

When real-world experience is considered, it is likely that the engine medic may have initiated care of at least several more of the eight patients that were code three returns, but such care was not documented. It is also likely that the engine medic accompanied the ambulance to the hospital on more than four of those transports.

Due to deficiencies in documentation, it is also probable that patients to whom ALS engines respond receive care sooner. As noted earlier in this report, care provided by engine medics was

often documented as "PTA" or prior to arrival, requiring estimation of times via the earlier-noted method. ***Thus, these patients are likely receiving care sooner than the 10:32 average that this study's finding suggest.***

Conclusions

1) Patients receive time-sensitive treatments sooner when the first responding unit includes a paramedic, regardless of whether the engine medic actually initiates treatment.

2) Once the ambulance arrives on scene, transport to definitive care begins sooner if the first responding unit includes a paramedic.

3) Assuming current practices continue, it is unlikely that adding a paramedic to an engine crew will have little effect on engine availability versus current time. More detailed studies will need to be done on this issue.

4) Documentation skills should be included in future training, and feedback mechanisms to the field and to individuals need to be developed, in order to improve the Department's ability to monitor the system.

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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MINUTES

HEALTH COMMISSION MEETING

June 19, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, M.S.W. at 3:10 p.m.

All Commissioners were present:

President Roma P. Guy, M.S.W., President
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Commissioner David J. Sanchez, Jr. Ph.D. arrived at 4:00 p.m.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 5, 2001

Action Taken: The Commission adopted the Minutes of June 5, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired the Budget Committee, with Commissioner Jackson participating.

(3.1) **DPH** – Request for approval of a proposed ordinance to revise patient rates for the Department of Public Health for FY 2001-02.

(3.2) **DPH-Central Administration/MIS** – Request for approval of a contract modification to the product and services agreement with Siemens Medical Solutions Health Services Corp to add $800,000 for a Patient Access Systems and Process Integration project, for a total revised contract amount of $7,167,691, for the term January 1, 1999 through June 30, 2002. (DPH contracted with Siemens for services totaling $4,872,954 during FY 2000-01).

(3.3) **AIDS Office** – Request for approval of a sole source and new contract with University of California at Berkeley (UCB), Survey Research Center, in the amount of $169,362, to provide piloting, planning, programming and telephone interviewing services for the San Francisco Behavioral Risk Factor Survey services that will target San Francisco residents, for the period of June 1, 2001 through December 31, 2001.

(3.4) **AIDS Office** – Request for approval of a contract modification with Mobilization Against AIDS International (MAAI) in the amount of $46,967, for a new contract total of $90,467, to provide additional HIV prevention interventions to transgender individuals, for the period of January 1, 2001 through December 31, 2001. (DPH Contracted with MAAI for services totaling $289,204 during FY 2000-01).

(3.5) **CHPP-Promotion** – Request for approval of a contract renewal with Polaris Research and Development, in the amount of $150,000, to provide evaluation services for the Tobacco Free project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with Polaris for services totaling $434,516 during FY 2000-01).

(3.6) **CHPP-Promotion** – Request for approval of a contract renewal with O'Rorke Public Relations and Advertising, in the amount of $85,000, to provide media services to the Tobacco Free Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with O'Rorke for services totaling $109,200 during FY 2000-01).

(3.7) **CHPP-Promotion** – Request for approval of a contract renewal with San Francisco Study Center (SFSC), in the amount of $708,856, to provide fiscal agent services for the Community Capacity Building Training Center for the Tobacco Free Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with SFSC for services totaling $2,448,129 during FY 2000-01).

(3.8) **PHP-Substance Abuse** – Request for retroactive approval of a modification for SAGE Project, Inc., for capital expenditure in the amount of $75,000, to complete the renovation of the building begun in FY 1999-00, specifically the building-wide sprinkler system, for a total contract value of $483,699, for the period of June 1, 2001 through June 30, 2002. (DPH contracted with SAGE for services totaling $397,915 during FY 2000-01).

(3.9) **PHP-Mental Health** – Request for approval of a modification to the multiyear contract with Ramsell Corporation doing business as Professional Management Development Corporation, in the amount of $130,000, to provide fiscal intermediary services under the San Francisco Mental Health Plan, and to extend the term of the existing contract for the period of July 1, 2000 through June 30, 2002, for a total contract value of $1,544,020. (DPH contracted with Ramsell for services totaling $707,010 during FY 2000-01).

(3.10) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Recreation Center for the Handicapped (RCH), in the amount of $136,552, to provide behavioral day treatment services for dually diagnosed, mentally ill and developmentally challenged clients, for a total contract value of $337,924, for the period of July 1, 1997 through June 30, 2001. (DPH is in the process of contracting with RCH for services totaling $84,481 during FY 2000-01).

(3.11) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Regents of the University of California San Francisco (UCSF) Center on Deafness, in the amount of $294,791, to provide mental health services and case management for adults, substance abusing clients, HIV/AIDS clients and a special education program for children targeting the deaf and hard of hearing population, for a total contract value of $1,344,135, for the period of July 1, 1997 through June 30, 2001. (DPH contracted with UCSF for services totaling $10,581,353 during FY 2000-01).

(3.12) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Support for Families of Children with Disabilities (SFCD) to increase funding in the amount of $99,000, to cover the period of April 1, 2001 through June 30, 2001, to continue to provide a variety of mental health services targeting families of children with mental health issues and special needs, for a total contract amount of $369,000 for the period of April 1, 2000 through June 30, 2001. (DPH contracted with SFCD for services totaling $270,000 during FY 2000-01).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

Public Comment

Jaime Arisilla works as a consultant Support for Families for Children with Disabilities and the Department of Mental Health. He stated that he recently received a letter concerning the cancellation of his consulting contract, and that he was concerned about his contract.

In response, Sai-Ling Chan-Sew, Director, Children's Services, discussed the funding difficulties. She stated that the speaker had options open to him to work on other contract aspects.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Department Reorganization
In an effort to move us further toward implementation of the Department's Strategic Planning goals and objectives, Dr. Katz made some changes to the organizational structure. As the

Department has continued to evolve over the past several years, these changes reflect the nature of who DPH is and what it does.

The reorganization reinforces the Department's strategic direction in four major ways. First, the new structure integrates primary care, behavioral health, housing and maternal and child health into one division. This will enhance service integration and enable the Department to improve access to care for multiple service users. Second, the reorganization creates a Hospital Systems Division, which combines oversight of the rebuilds of both Laguna Honda Hospital and San Francisco General Hospital, with the Department's quality management and managed care activities. This will allow the Department to focus on critical institutional infrastructure activities in a coordinated and comprehensive manner. Third, the new structure more evenly weighs the major activities of the Department, thereby creating a flatter management structure and enhancing the Department's ability to create a fully integrated service system. Fourth, by creating a single planning office we move ourselves closer to functioning as a single department.

This new structure will enable the Department to be more responsive to the needs of its clients and assist in achieving the goals and objectives set forth in the Strategic Plan. Attached is a copy of the new organizational chart and more detailed information about the reorganization.

An organization chart is enclosed as Attachment #1.

COMMUNITY HEALTH NETWORK

World Birth Day Project
The New York Times Television has solicited the participation of both the Birth Centers of SFGHMC and UCSF to represent births in the United States for a special "World Birth Day" production. This project will film the births of infants at nine locations around the world, all born at about the same time on July 2nd and 3rd. Other filming sites are China, India, Ethiopia, Egypt, Germany, England, Brazil and Mexico. The documentary will air on New Years Day 2002 on the Learning Channel in the USA, and the Discovery Channel around the world. The long-term goal is to follow this piece with additional programs over time, showing the different lives these children lead as they grow up in different parts of the world.

SFGH Receives NAPH Award for Integrated Soft Tissue Infection Service
Dr. Katz announced that San Francisco General Hospital's Integrated Soft Tissue Infection Service (ISIS) has received *honorable mention* award from the National Association of Public Hospitals (NAPH) in the category of the "Safety Net Health Innovation." Over 26 public hospitals across the nation submitted nominations for three award categories. Gene O'Connell and Gayling Gee will be in attendance at the June 28th conference in Santa Fe to accept the award on behalf of San Francisco General Hospital.

Congratulations to the ISIS Team: Gayling Gee, Hobart Harris, David Young, and Jacquie Caesar, for their enthusiasm and commitment to the ISIS program.

LHH Executives Receive Recognition
Dr. Katz reported that Mary Louise Fleming, Laguna Honda Director of Nursing, has been selected for the Robert Wood Johnson Executive Nurse Fellows Program. Only 20 nurses nationwide were selected for this prestigious 3-year program. The award provides for research projects at Laguna Honda as well as the opportunity for more educational program

development and national exposure for Mary Louise, our resident care programs, Laguna Honda Hospital and the Department of Public Health.

Dr. Katz reported that Dr. Terry Hill had been voted President elect of the California Association of Long Term Care Medicine, an organization representing the Long Term Care Continuum in California. This organization is the state affiliate of the American Medical Directors Association. Dr. Hill's leadership capabilities in Long Term Care are impressive and have been duly recognized by this progressive statewide organization.

Commissioners' Comments

- Commissioner Monfredini asked about the burden placed upon the Director when so many different people report directly to him

- Commissioner Parker asked about items not on the chart. Dr. Katz responded that those units still exist, but that the goal was to list everything on one page

- Vice President Chow stated that, under the new chart, organizations can focus on things important to them, and is more a reflection of the ways the Department operates today

- President Guy stated that she supports the reorganization, and that it reflects transitions that the Department has experienced

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF JUNE

Commissioner Umekubo presented the following Employee Recognition Awards.

Housing and Urban Health, Population Health and Prevention, Housing and Urban Health:

- Marc Trotz
- Margot Antonetty
- Daisy Leyva

Community Health Network/ San Francisco General Hospital, Emergency and Trauma Services:

- Renee Cibulka
- Bobbie Earsey
- Arla Escontrias
- Linda Henson
- Kitty Mah
- Gloria Rodriguez
- Ann Stangby

The Commissioners thanked each of these teams for their contributions.

6) UPDATE ON EMERGENCY MEDICAL SERVICES (EMS) SYSTEM ACTIVITIES

John Brown, M.D., Medical Director, Emergency Medical Services, updated the Commission on the Emergency Medical Services Section. He spoke about the strategic plan for EMS to focus on core EMS functions. He stated that in the year 2000, the EMS system received over 67,000 calls for emergency assistance. Dr. Brown stated that the EMS Section recently approved a large scale pilot program, entitled the "Rapid Paramedic Response System." He stated that, under this system, the SFFD would staff 25 ALS (advanced life support) engines and 19 one-paramedic and one-EMT ambulances. Dr Brown told the Commission that statistically and clinically relevant data would be used to evaluate the program. He also stated that the program would increase the number of ALS units available, and decrease the time for response.

Dr. Brown also highlighted the Disaster Registry Program, the Public Access Defibrillator Program, and emergency department overcrowding and diversion. He stated that total diversion suspension was three times higher overall in the year 2000 than in 1999. Dr. Brown also discussed the Trauma Systems Plan, which calls for a new approach towards the care of critically injured patients, and all who are injured within the City.

The Executive Summary for each of Dr. Brown's presentations, "San Francisco Department of Public Health, Emergency Medical Services Section, Annual Report, Year 2000," and "Ambulance Diversion and Emergency Department Overcrowding in San Francisco" are enclosed as Attachment #2.

Dr. Marshal Issacs, EMS Director of the San Francisco Fire Department, spoke to the Commission. He discussed the recent history of San Francisco's EMS system. Dr. Issacs also spoke about the Rapid Paramedic Response System. He stated that the program is the single most important development in modern EMS history in San Francisco, and will result in the most rapid, high quality, out of hospital emergency medical care. Dr. Issacs stated that the program contains some controversy, and the Fire Department is doing its best to address concerns.

Public Comment

Nora Roman appeared on behalf of Larry Bradshaw, a City paramedic. He believed that the rapid paramedic response proposal traded quality for faster response time, and this choice placed quantity over quality. Ms. Roman stated that City data does not track patient outcomes.

Nora Roman, Emergency Coalition to Save Public Health, is actively involved in the pre-hospital system. She stated that there is no community advisory board advising the EMS system. Ms. Roman stated that the Coalition opposes the plan as it now stands, and that she is concerned about paramedics working 24-hour shifts. She asked the Commission not to rush into this proposal.

Jonathan Meade has worked as a City paramedic for over 21 years. He stated that Dr. Brown's and Dr. Issac's presentation was sugar coated, public relations presentation. Mr. Meade spoke about 60 paramedics who have left the job over the last three years. He stated that the Fire Department grinds its paramedics into the ground.

Dale Butler, SEIU 790, stated that he has never witnessed a more self-serving spin on facts by management. He stated that dozens of paramedics have quit, and four have died, because the Fire Department insists on 24-hour shifts. Mr. Butler stated that paramedics go out on more calls than other firefighters. He stated that he opposes the proposal because it is bad for the residents.

Dr. Thomas Pikes, President of San Francisco Emergency Physicians Association, stated that he had received the presentations from Drs. Brown and Issacs. Dr. Pikes stated that most calls only require one paramedic at a time. He added that it is necessary to get ALS to patients as soon as possible, and that one paramedic on the engine will meet that goal.

Commission Comments

- Vice President Chow asked about the approval process. In response, Dr. Brown described three different advisory committees, which include members of the general public and providers. He stated that all policies go out with a public announcement and through a web site.

- President Guy reminded that the agenda item consisted of an update and a review of the annual report, and was not an action item.

- Commissioner Monfredini asked about paramedic staffing. Dr. Issacs stated that there are very few open slots within the Fire Department ranks.

- Commissioner Jackson stated that the main concerns are about whether the person lives. He asked whether a paramedic arriving five minutes earlier will improve patient outcomes. Dr. Brown stated that outcome data today only shows whether patient lived to hospital, but that the pilot program contains better outcome measures.

- Commissioner Sanchez asked questions concerning collecting data on attrition and recruitment, and whether these issues are factors in patient health and safety.

- Commissioner Parker inquired whether the 24-hour shift issue is a health or labor issue. Dr. Issacs stated that the vast majority of paramedics support the 24-hour issue.

Dr. Katz articulated a brief history of the paramedic issues. He then identified the advantages of placing paramedics on fire engines. Dr. Katz stated that the report was silent on whether an ambulance should have one or two paramedics. He stated that a superior system is transports at least one paramedic to the patient sooner, and with the existing workforce, the only way to do that is through the one paramedic on the engine and one paramedic in the ambulance proposal.

- Vice President Chow suggests that the JCCs look at these issues

- President Guy stated that she looks forward to the Trauma System Report next month, and for the JCCs to review these issues. She stated that the agenda could be reviewed for the next several months.

7) MINIMUM STANDARDS OF HEALTH INSURANCE COVERAGE FOR THE HEALTH CARE ACCOUNTABILITY ORDINANCE

The Commission continued its consideration of the minimum standards of health insurance, and the Proposed Resolution that it began during the meeting of June 5, 2001.

Dr. Katz provided an overview of new issues for the Commission. He discussed mental health coverage in the Proposed Resolution. Dr. Katz also suggested two changes to the Proposed Resolution: 1) to make the effective date of coverage begin be no later than 30 days following the start of employment by the employee (to comport with the Health Care Accountability Ordinance), and 2) to change the language of the Proposed Resolution to state that employers must offer (instead of provide) insurance. Dr. Katz also stated that the insurance product required by the Proposed Resolution is available in the marketplace.

Public Comment

Dale Butler, SEIU, Local 790, invited Larry Winston of Dublin Insurance, Inc., to speak. Mr. Winston stated that his company provides pooled insurance at a favorable rate to management. He told the Commission that his company provides an insurance plan with a $10 co-pay that mirrors or is better than the plan in the Proposed Resolutions good as outlined plan

Elizabeth Frantes stated that the insurance program is a joke and an insult. She said that HMO systems do not work. Ms. Frantes added that employee-based insurance does not work, there is no job security. She further stated that the proposal does not cover San Francisco residents and was rushed through.

Nathan Nayman is with the Committee on Jobs. He stated that the business community supports the provision of health insurance to individuals, but that the process for implementing the Ordinance was flawed. Mr. Nayman stated that the process was not inclusive, and a rush to pass the Ordinance and approve the basic benefit package. He told the Commission that they are creating a two-tiered health insurance program, and an elite group of employees who will not have to pay a share of premiums.

Glynn Washington, Human Services Network, stated his strong support for the proposal. He stated that the ordinance has serious flaws. He asked about possible ERISA violations in the implementation of the Ordinance and the Health Commission minimum standards. Mr. Washington asked for a body to be created that understands non-profit and small business concerns, and which could respond to questions with real answers.

Debbie Lehrman, Human Services Network, echoed Mr. Washington's support for the Ordinance. She stated that it is vital to have some one to provide policy expertise and technical assistance in the construction and implementation of the regulations. She asked the Commission to ensure the involvement of informed policy staff to make the Ordinance a success.

After public comment, Dr. Katz stated that the Ordinance assigns specific roles, and that the Health Department and Commission have tried to fulfill their role. He said that the person responsible for the administration of the Ordinance is the Director of Purchasing. Dr. Katz added that the City is committed to training.

Commissioners' Comments

- In response to Commissioners' questions, Dr. Katz clarified that the Proposed Resolution called for a maximum co-payment for skilled nursing care of $100 per admission

- President Guy and Vice President Chow requested quarterly updates from the Department

- Commissioner Monfredini raised the issue of different levels of health insurance coverage, depending on whether the employee is working on a City Contract. Dr. Katz replied that the employer does not have to provide health insurance to the worker who is not a covered employee under the Ordinance, or could provide a different benefit package or higher deductible

- Commissioner Jackson questioned whether it is legal to provide two employees of the same firm with different levels of health insurance. In response, Aleeta Van Runkle, Deputy City Attorney, stated that the Office of the City Attorney has reviewed the Ordinance for ERISA issues, and that the Office believes that the Ordinance would survive a legal challenge brought under ERISA.

Action Taken:

- The Commission amended the language of the Proposed Resolution in two ways, to read:

  "RESOLVED, that the effective date of coverage be no later than 30 days following the start of employment by the employee on a covered contract, subcontract, lease, or sublease"...

  and to read, under the co-payment schedule:

  "Skilled Nursing Services (minimum 100 days/year) $100/admission"

- On the motion to accept the Amended Resolution, seven Commissioners (Guy, Chow, Jackson, Monfredini, Parker, Sanchez, and Umekubo) voted aye. The motion passed.

The Resolution approved by the Commission may be found as Attachment #3.

8) PROGRAM REPORT ON WELLNESS CENTERS

Sai-Ling Chan-Sew, Director, Children's Services, Community Mental Health, presented an update on the High School Wellness Program. She was accompanied by: Trish Bascum, Director of the School Health Program of the San Francisco Unified School District; Nani Coloretti, Fiscal Manager for the Department of Children, Youth and their Families; and Deborah Rodriguez-Alvarez, Director of the Department of Children, Youth and their Families.

According to Ms. Chan-Sew, the program is in effect in seven high schools, and approximately 4000 students have sought services, and was created in response to student feedback. According to the report, the program provides students access to health education, reproductive counseling, substance abuse counseling, mental health services, and referrals to primary health care, all through the school sites.

The PowerPoint presentation made to the Commission is enclosed as Attachment #4.

Commissioners' Comments

- Commissioner Monfredini asked about a student's first interaction with the wellness team, and how quickly the team can react to a crisis (possible suicide or abuse) situation. The Commissioner described the program as wonderful.

- Commissioner Sanchez congratulated and thanked all of the partners involved in the wellness program, and asked all to continue to work together to expand options.

- Commissioner Umekubo also complimented the program leaders. He asked specifically about the Balboa Teen Clinic. Sai-Ling Chan-Sew stated that the clinic was fully staffed.

- Vice President Chow asked about the plans for reaching the high schools not yet included in the program. Ms. Chan-Sew responded that she was not sure, and was working on staffing the present centers. Vice President Chow asked if the identified priorities extended throughout all schools, and Ms. Chan-Sew responded that they did. Vice President Chow also asked about the timetable for evaluating the program. Deborah Rodriguez-Alvarez, Director of the Department of Children, spoke in more detail concerning the evaluation strategy.

- President Guy thanked Ms. Rodriguez-Alvarez for the key leadership that she provided to make the program possible.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) CLOSED SESSION

A. Public comments on all matters pertaining to the closed session

None.

B. Vote on whether to hold a closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

Action Taken: The Commission voted to hold a closed session. The closed session began at 6:30 p.m.

C. Closed session pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

D. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

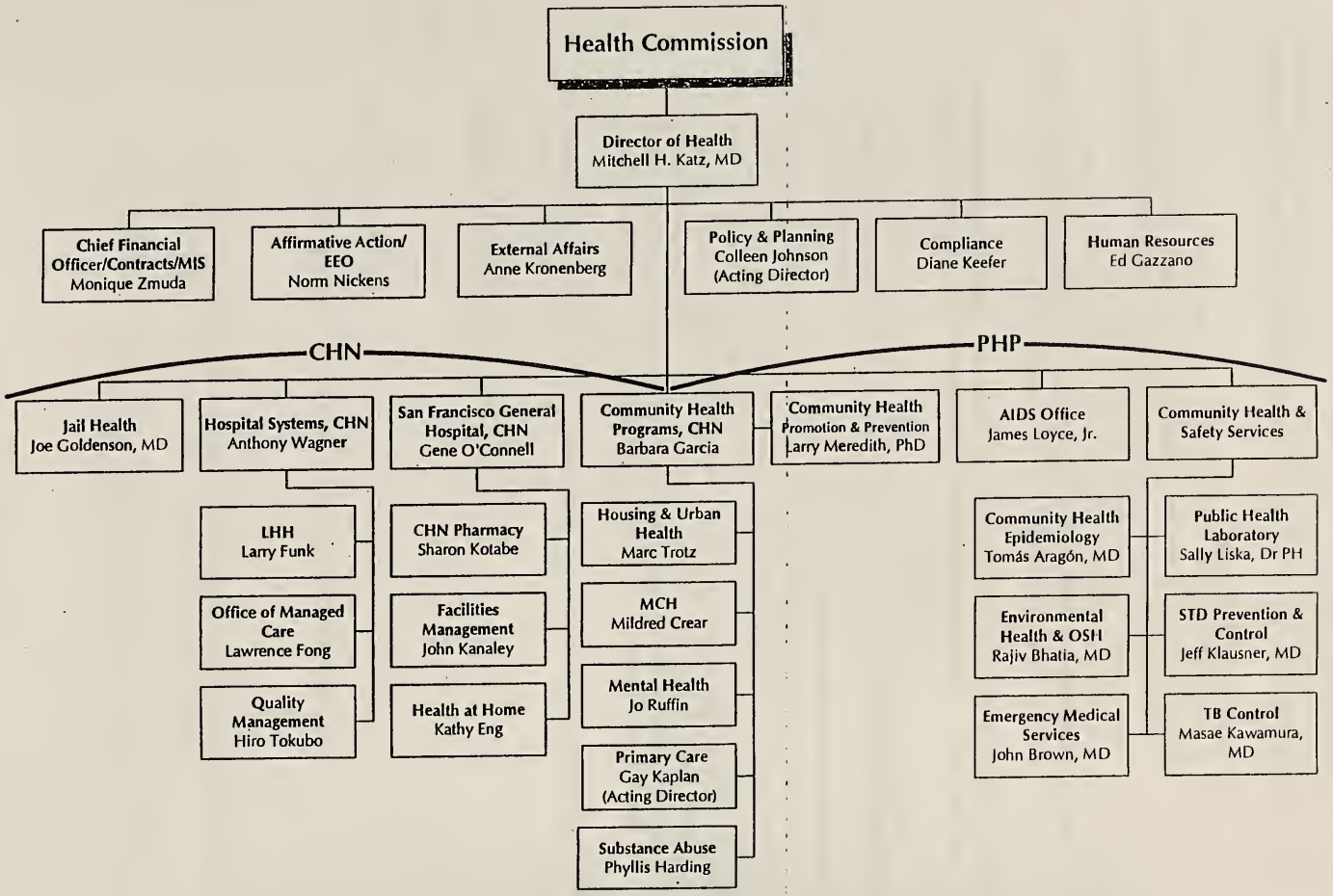
Action Taken: No report issued. The Commission voted not to disclose any discussions held in closed session. The closed session ended at 6:40 p.m.

11) ADJOURNMENT

The Commission adjourned the meeting at 6:40 p.m.

Arthur R. Greenberg
Interim Executive Secretary to
the Health Commission

Attachments (4)


Health Commission
Director of Health
Mitchell H. Katz, MD
Chief Financial Officer/Contracts/MIS
Monique Zmuda
Affirmative Action/ EEO
Norm Nickens
External Affairs
Anne Kronenberg
Policy & Planning
Colleen Johnson
(Acting Director)
Compliance
Diane Keefer
Human Resources
Ed Gazzano
CHN
PHP
Jail Health
Joe Goldenson, MD
Hospital Systems, CHN
Anthony Wagner
San Francisco General Hospital, CHN
Gene O'Connell
Community Health Programs, CHN
Barbara Garcia
Community Health
Promotion & Prevention
Larry Meredith, PhD
AIDS Office
James Loyce, Jr.
Community Health & Safety Services
LHH
Larry Funk
Office of Managed Care
Lawrence Fong
Quality Management
Hiro Tokubo
CHN Pharmacy
Sharon Kotabe
Facilities Management
John Kanaley
Health at Home
Kathy Eng
Housing & Urban Health
Marc Trotz
MCH
Mildred Crear
Mental Health
Jo Ruffin
Primary Care
Gay Kaplan
(Acting Director)
Substance Abuse
Phyllis Harding
Community Health Epidemiology
Tomás Aragón, MD
Environmental Health & OSH
Rajiv Bhatia, MD
Emergency Medical Services
John Brown, MD
Public Health Laboratory
Sally Liska, Dr PH
STD Prevention & Control
Jeff Klausner, MD
TB Control
Masae Kawamura, MD

San Francisco Department of Public Health
Emergency Medical Services Section

Annual Report
Year 2000

Presentation to the San Francisco Health Commission
by John Brown, MD, MPA, FACEP
Medical Director
Emergency Medical Services

June 19, 2001

EXECUTIVE SUMMARY

In the summer of the year 2000, the San Francisco Department of Public Health Emergency Medical Services (EMS) Section began a Strategic Planning Process through which we collaboratively developed our Mission, Vision, Values, and Goals. We established a new foundation focused on our role as EMS System leaders, guided by the health care needs of the EMS community. As we approach the end of the fiscal year, we will take note of our accomplishments, evaluate our progress and direct our goals and objectives to lead the EMS system according to our Mission and that of the San Francisco Department of Public Health.

One of our goals is to improve communication with our stakeholders. Since our initial planning process, we have resumed publishing our quarterly newsletter "EMS in the City", established more convenient means of contact through email and have developed a new, more comprehensive website that contains, among other items, our local policies, procedures and publications. We streamlined our public comment process and established a procedure for EMS stakeholders to review and provide feedback on public comment policies through our website. We reevaluated our EMS Stakeholder meetings and proposed a new advisory committee structure, reducing the previous eight committees to three, which we believe are more inclusive and representative of the EMS community. This policy was reviewed and approved through the EMS Section public comment process and the new committees began meeting in March of 2001. Our challenge for the coming year will be to develop and implement an EMS System Communications Plan. We will accomplish this through our community-based, quality-driven process as we evaluate the current system, and set our objectives toward reaching the goal of establishing direct communication between all EMS providers, both for daily operations and in the event of a disaster.

The EMS Section continues to lead the EMS System in Disaster Planning. Over the past several years we have developed the DPH Emergency Response Plan and participated in the development of the Citywide Emergency Operations Plan. The Metropolitan Medical Response System (MMRS) plan has been developed and we will now focus our efforts on the health care response to potential bioterrorist events. The EMS Section Policy on level 1 Multicasualty Incidents (MCI) was revised through a collaborative effort with the City's Police and Fire Departments as well as the local hospitals, and was released for public comment in early March 2001. We will continuously evaluate these programs for their operational efficacy through multi-agency disaster drills and through a yet to be developed Quality Improvement Plan for critical incidents.

The EMS Section currently maintains a system of receiving EMS System data from the 911-dispatch center and the field providers and maintains a sentinel event reporting system through our unusual occurrence process. Through our strategic planning process and various stakeholder meetings, we recognize the need for a focused and comprehensive Quality Improvement Plan. Over the next year, our challenge is to achieve consensus of our stakeholders on a standardized method of evaluating the quality of patient care in the San Francisco EMS System; one that ultimately results in a more accurate method of identifying the health care needs of the

patient population. We recognize that we can only improve the care of the patients we serve if we can accurately identify their needs.

By focusing on the needs of the EMS System patient population, we are advocating change; change in the Medical Dispatch Standards, designed to improve communication between the public and the emergency medical dispatcher which we believe will result in an improved system of care even before the EMS personnel arrive on the scene. We advocate for change in the response configuration of the EMS System, one which will provide a paramedic on the rapidly responding fire engine and will result in more immediate access to advanced life support in all areas of the City. We advocate for a comprehensive and collaborative system of care for injured patients through the development of our regional Trauma Plan, a program which is supported by a grant from the California EMS Authority.

Sometimes interfering with our daily efforts toward coherent system planning are crises. Most notable within the past year: the California Energy crisis which resulted in rotating power outages and hospital emergency department overcrowding which caused high rates of ambulance diversion. These two issues share common elements: their cause is not within our direct control and yet each may affect the EMS patient population and therefore call upon our duty to respond. The EMS Section has developed a duty officer response system so that two members of our staff are available 24 hours a day to respond to a potential threat to the integrity of the 911 EMS System, such as an increase in hospital diversion or stage three energy crisis.

This year poses many challenges for our EMS System. We look forward to meeting these challenges and invite each as an opportunity for improving the quality of emergency care this system provides to the residents and visitors of the City and County of San Francisco.

AMBULANCE DIVERSION & EMERGENCY DEPARTMENT OVERCROWDING IN SAN FRANCISCO

Presentation to the
San Francisco Health Commission
by John Brown, MD, MPA, FACEP
Medical Director
Emergency Medical Services

June 19, 2001

EXECUTIVE SUMMARY

Diversion is the practice of redirecting an ambulance away from a hospital's emergency department. Diversion is an important indicator of available hospital and emergency department resources in relation to current patient demand for those services. The intent of any diversion system is to manage short-term periods of resource shortfall when patient demand exceeds capacity at one or a few of the hospitals within an EMS System. Diversion is an indicator that overall hospital and emergency department capacity is exceeded within a given EMS system when multiple hospitals are diverting ambulances.

Emergency department overcrowding, and diversion are now a well documented national phenomena. The underlying causes for diversion, and hospital and emergency department overcrowding include:

- Increased complexity and acuity of patients presenting to emergency departments.
- Overall, increase in patient volume.
- Managed care utilization issues.
- Lack of beds for patients admitted to hospitals.
- Delays in service provided by radiology, laboratory, and ancillary services.
- Nursing and support staff shortages.
- On-call specialty consultant shortages.
- Shortage of physical plant space within the emergency department.
- The current fiscal climate for healthcare.

Diversion may prolong ambulance transport time from a patient's initial location to a hospital. Diversion prevents patients from reaching their hospital of choice. Diversion slows the *inflow* of patients and redistributes them to hospitals with available capacity. It is one strategy to cope with temporary mismatches of demand for emergency care and supply of emergency care treatment capacity. However, it does nothing to improve the *outflow* of patients from a hospital.

Emergency department overcrowding presents a serious threat to the health of a community. Hospital emergency departments provide immediate care to the critically injured and ill. Around the clock, emergency departments stand ready to deliver the most advanced medical care available in their communities. Because emergency departments are available to everyone, regardless of ability to pay, they ensure essential access to the health care system. Overcrowding threatens this access.

Various local, state and federal efforts have attempted to address diversion and emergency department overcrowding. The problem of diversion and overcrowding continues to grow

in San Francisco and throughout the nation. Emergency department overcrowding and diversion are symptoms of greater problems with our current healthcare system. San Francisco is not immune to these problems. The issue is one of *supply* versus *demand.* Diversion and emergency department overcrowding are complex issues. It is clear that solutions to the problem must address both sides of the supply versus demand equation. Before specific comprehensive solutions are to be developed, San Francisco must undertake a more thorough study of emergency department overcrowding and diversion to better understand the more significant drivers of our local problem. Then can we proceed in a rational and thoughtful manner to genuinely address our local needs through comprehensive, collaborative long-term planning efforts and commitment of major community resources.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 13-01

APPROVING AND ADOPTING MINIMUM STANDAR FOR HEALTH PLAN BENEFITS REQUIRED IN THE HEALTHCARE ACCOUNTABILITY ORDINAI

WHEREAS, the Board of Supervisors passed the Healthcare Accountability Ordinance on May 29, 2001, requiring that contractors of the City and County of San Francisco (City) and lessees of City property, as well as certain subcontractors and subtenants, offer healthcare insurance to their employees; and,

WHEREAS, the Ordinance provides the Health Commission with the authority and responsibility to determine minimum standards for health plan benefits offered by City contractors and lessees; as well as certain subcontractors and subtenants; and,

WHEREAS, the components of the minimum standards for health plan benefits include: 1) effective date of coverage; 2) percentage of premium paid by employer and employee; 3) benefits offered under coverage; and 4) employee co-payments for accessing services; and,

WHEREAS, in developing the minimum standards, the Department of Health staff researched insurance plans in the California and Bay Area marketplace; and,

WHEREAS, the Department adopted the following principles in developing the minimum standards for health plan benefits:

- Minimal disruption for employers and lessors who currently provide a comprehensive scope of medical benefits,
- Reasonable out-of-pocket costs (both premiums and co-payments) for employees in order to maximize employees' acceptance of health plan coverage, and,
- The minimum benefit standards designed to ensure that contractors and lessees provide a comprehensive scope of medical benefits; and,

WHEREAS, the Department will evaluate the minimum standards annually and report the results to the Health Commission on an annual basis; and,

WHEREAS, the Health Commission held public hearings on June 5 and June 19, 2001, accepted written public comments concerning the minimum standards, and considered carefully the input from the public; now, therefore, be it

RESOLVED, that the effective date of coverage be no later than 30 days following the start of employment by the employee on a covered contract, subcontract, lease, or sublease; and, be it

FURTHER RESOLVED, that employers offer at least one health plan option in which the premium is entirely paid for by the employer; and, be it

FURTHER RESOLVED, that health plan benefits include the following services:

- Professional Services
- Outpatient Surgery and Procedures
- Diagnostic, X-Ray and Laboratory Services
- Perinatal/Maternity
- Preventive Care
- Family Planning Services
- Prescription Drug Coverage
- Hospital Services (inpatient and outpatient)
- Emergency Services
- Ambulance Services
- Mental Health (inpatient and outpatient)
- Alcohol and Substance Abuse Care (inpatient and outpatient)
- Rehabilitative Therapies (inpatient and outpatient)
- Home Health Services
- Durable Medical Equipment
- Hospice Care
- Skilled Nursing Services;

and, be it

FURTHER RESOLVED, that the maximum employee co-payment for the following services shall be:

Benefit	Co-Payment
• Professional Services	$ 10/visit
• Outpatient Surgery and Procedures	$100/procedure
• Diagnostic, X-Ray, and Laboratory Services	No charge
• Perinatal and Maternity	
◦ Office visits	$ 10/visit
◦ Inpatient	$100/admission

• Preventive Services	$ 10/visit
• Family Planning Services	$ 10/visit
• Prescription Drug Coverage	Brand: $25/30 days Generic: $15/30 days
• Hospital Services	
◦ Outpatient	$ 75/visit
◦ Inpatient	$100/admission
• Emergency Services	$ 50/visit (waived if admitted)
• Ambulance Services (medically necessary)	$ 50/trip
• Mental Health Services	
◦ Outpatient (minimum of 20 visits/year)	$ 20/visit
◦ Inpatient (minimum of 10 days)	$100/admission
• Alcohol and Substance Abuse Care	
◦ Outpatient (minimum 20 visits/year)	$ 20/visit
◦ Inpatient (detox)	$100/day
• Rehabilitative Therapies	
◦ Office/Outpatient	$ 20/visit
◦ Inpatient	$100/day
• Home Health Services (minimum 100 days/year)	$ 15/visit
• Durable Medical Equipment	50% of allowable charges
• Hospice Care	$ 15/visit
• Skilled Nursing Services (minimum 100 days/year)	$100/admission
• Yearly Out of Pocket (total yearly costs paid by person accessing services)	Co-Payment $2,000/year;

and, be it

FURTHER RESOLVED, that contractors, subcontractors, lessees, and subtenants that provide comprehensive health plan benefits to their employees, but who do not comply with the above co-payment schedule, have up to one year to comply with all components of the minimum standards; and, be it

FURTHER RESOLVED, that employers strive to offer at least one health plan option that includes culturally competent providers in its network; and, be it

FURTHER RESOLVED, that the Health Commission directs the Director of Health to evaluate the minimum standards annually and report the results to the Health Commission on an annual basis.

I hereby certify that the Health Commission at its meeting of June 19, 2001, adopted the foregoing resolution.

Arthur R. Greenberg
Interim Secretary to the Health Commission

High School Wellness Program

Presentation to the
City and County of San Francisco
Health Commission
June 19, 2001

Introduction

- It is a top priority of the Department of Public Health (DPH), Population, Health and Prevention Division, to develop initiatives that better serve our clients through increased interdepartmental, interagency, and community collaboration.

- The High School Wellness Program represents a collaborative that involves different sections of DPH, as well as other public agencies and community-based organizations. The Wellness Program strongly encourages youth involvement.

Attachment #4
Page 1 of 8

Introduction

- A survey of students showed that they wanted and needed the following services: mental health counseling, substance abuse counseling, and reproductive health counseling. The High School Wellness Program was established in response to these expressed needs.

- The High School Wellness Program seeks to improve the health, well being, and educational outcomes of San Francisco's high school students.

Introduction

- Program goals are achieved by providing students access to health education, reproductive counseling, substance abuse counseling, and mental health services, as well as referrals to primary health care -- all through the school site.

- Students voluntarily seek Wellness Program services or are referred by school site staff. Students are assessed, counseled and referred to community service providers when appropriate.

Introduction

- Integrated service sections within DPH working on the Wellness Program include:
  - Child, Youth and Family Section, Community Mental Health Services
  - Community Substance Abuse Services
  - Maternal and Child Health
- Our Wellness Program interagency partners include:
  - Department of Children, Youth and Their Families (DCYF)
  - San Francisco Unified School District (SFUSD), School Health Programs Department
  - San Francisco Police Department, Youth Programs Section, COPPS in School Program

Introduction

- Our community-based partners include:
  - Asian American Recovery Services (AARS), Inc.
  - Richmond Area Multi-Services (RAMS), Inc.
  - Beacon Centers
  - Sunset Mental Health
  - Cole Street Clinic
  - Charity Cultural Services
  - Many others
- We also are partnering with youth by encouraging their involvement in the program. Both Coleman Advocates for Children & Youth and the Youth Commission have been involved in Wellness Program planning and implementation.

Program Overview

- The High School Wellness Program:
  - Operates at seven high schools including Galileo, Lincoln, Lowell, Marshall, McAteer, Mission, and Washington, with Galileo and Lincoln first offering services last fall and the five other sites offering services this spring
  - Links students to a wide range of integrated health, behavioral, substance abuse, and support services
  - Builds Wellness Program teams consisting of site administrators, Wellness Site Coordinators, school nurses, behavioral and substance abuse service providers, student resource officers, and others
  - Builds on existing infrastructure to deliver services

Program Overview

- Seeks community partners to assist in serving students
- Is supported through direct and in-kind support from the Federal/State Government (Safe School/Healthy Student Initiative, High School Tobacco Education Grant, EPSDT, and Medi-Cal reimbursement), the Mayor's Office/DCYF ($1.4 million proposed in FY 2001-02), DPH, and SFUSD
- Provides a collaborative and integrated service delivery model that builds accountability across systems
- Focuses on youth health and educational outcomes

Wellness Program – Integration & Site Support

- SFUSD, School Health Programs Department has made it a top priority to integrate the High School Wellness Center Initiative and Safe School/Healthy Student Initiative into one integrated initiative – the Wellness Program.

- The Safe School/Healthy Student Initiative is a federally funded initiative that seeks to develop students' resiliency by building personal and social skills to prevent substance abuse and reduce violent behavior. The initiative goals are similar to those of the High School Wellness Center Initiative. High school sites selected for the Federal initiative mirror the seven Wellness Program sites.

Wellness Program – Integration & Site Support

- Wellness Program site collaboration and communication are strengthened through a number of activities:
  - Joint professional development workshops, meetings, and retreats
  - Cross-training
  - Biweekly meetings with school nurses and Wellness site coordinators
  - Biweekly meetings with all Wellness Program team members including public agency partners

Wellness Program – Integration & Site Support

- Wellness Program sites also are supported through:
  - Site collateral materials including multi-lingual parental and student consent forms, release of information forms, Student Success Team materials, and Student Assistance Program Procedures Manuals
  - Site facility planning and identification assistance
  - Site budget planning
  - Staff recruitment
  - Site memoranda of understanding
  - Technical assistance

Wellness Program – DPH Role

- Working in collaboration with its agency partners, DPH supports the Wellness Program in a number of ways:
  - Participating on the Wellness Program Steering Committee which provides policy and budget oversight
  - Chairing the Wellness Program Implementation Committee which works with sites to remove barriers to program implementation
  - Providing financial and administrative support through expanded service contracts with AARS, Inc. and RAMS, Inc. to provide students with immediate access to mental health and substance abuse counseling

Wellness Program – DPH Role

- Providing medical consultation to site Wellness Team members and primary care interface services to school nurses
- Assigning medical consultant to participate in clinical team case conferencing
- Offering information on clinical issues
- Providing assistance in the development of staff training
- Facilitating community forum to assist Wellness Program sites in creating community partnerships
- Providing day-to-day staff and in-kind support

Wellness Program - Outcomes

- We are collecting data to measure our success. Initial results show that students want and need services:
  - Between October 2000 and February 2001, the Wellness Program served over 800 youth* and are serving more new youth every month

    (Source: Site Reports & School Health Programs Department, SFUSD)
  - Partnerships were in place with at least 14 public and private providers as of March 2001

* = This data primarily reflects services to youth at Galileo and Lincoln, the first two Wellness Programs to begin

Wellness Program – The Future

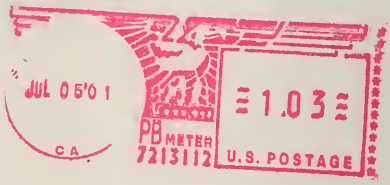
- The High School Wellness Program goals are consistent with the goals of the Health Commission and our public agency partners. We want to work with you to ensure that:
  - Children and youth are healthy;
  - Children and youth are ready to learn and are succeeding in school;
  - Children and youth live in safe, supported families and safe, successful, supported communities;
  - Children and youth contribute to the growth, development and vitality of San Francisco.

Wellness Program – The Future

- The Wellness Program offers San Francisco a unique opportunity to create a national model of interagency collaboration where different agencies, often with different mandates, but with similar clients, come together to make a difference in the lives of children and youth. We are:
  - Sharing governance
  - Opening new channels of communication
  - Cross-training staff
  - Conducting joint planning and budgeting
  - Developing common data sets and outcomes
  - Maximizing resources
  - Building integrated community infrastructures

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)



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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson, M.D.
Commissioner

John L.Umekubo
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Arthur R. Greenberg
Interim Health Commission Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

PUBLIC NOTICE

CLOSED SESSION MEETING OF THE HEALTH COMMISSION

DOCUMENTS DEPT.

JUN 1 4 2001

SAN FRANCISCO
PUBLIC LIBRARY

Thursday, June 21, 2001
at 2:00 p.m.
101 Grove Street, Room #302
San Francisco, CA 94102

All Commissioners

1. Roll Call

2. Public Comments on all Matters Pertaining to the Closed Session.

3. Closed Session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10 (b):

   Public Employee Hiring: 1551 Executive Secretary to the Health Commission

4. Reconvene in open session:

   a) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code section 54957.1 (a) (5) and San Francisco Administrative Code section 67.14 (b) (4).)

   b) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code section 67.14 (a).)

5. Adjournment

1/17
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120
#1
7/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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PUBLIC NOTICE

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MAY 17 2001

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July 2001

HEALTH COMMISSION MEETINGS

The Health Commission will have its regular meetings on:

July 10 and 17, 2001

The Health Commission will not meet on July 3, 2001

The Health Commission starts its regular meetings at 3:00 p.m., at 101 Grove Street, Room 300, San Francisco

For information call the Health Commission Office at 554-2666.

Posted May 16, 2001

20
1
1/17/01
cancelled
2

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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06-29-01A10:53 RCV

HEALTH COMMISSION MEETING

FOR JULY 2001

The Health Commission will have only one regular meeting in the month of July, on:

July 10, 2001

The Health Commission meeting of July 17, 2001 has been cancelled.

For information, call the Health Commission Office at 554-2666

Posted June 25, 2001

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Sandy Ouye Mori
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

07-13-01P12:38 RCV

July 10, 2001
3:00 p.m.
at
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

JUL 13 2001

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:15 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

NOTE:* *THERE WILL NOT BE A HEALTH COMMISSION MEETING ON JULY 17, 2001.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 19, 2001**
**Minutes of June 19, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **AIDS Office** – Request for approval to retroactively accept and expend a performance agreement from Public Health Foundation Enterprises, Inc. (PHFE), in the amount of $69,799, to fund a project for "HIV Strain Diversity and Nonprogressors", for the period of July 1, 2000 to June 30, 2002.
* *Calendaring request memo, Grant Application Information form, Budget pages, Letter from PHFE*

(3.2) **AIDS Office** – Request for approval to retroactively accept and expend a performance agreement from Public Health Foundation Enterprises, Inc. (PHFE) in the amount of $754,360, to fund a project for "San Francisco HIV Vaccine Clinical Trials", for the period of June 1, 2001 to May 31, 2002.
* *Calendaring request memo, Grant Application Information form, Budget pages, Letter from PHFE*

(3.3) **AIDS Office** – Request for approval of a contract renewal with Mobilization Against AIDS International (MAAI), in the amount of $271,838, to provide HIV prevention services to youth of color and Latino adults, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with MAAI for services totaling $289,204 during FY 2000-01).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.4) **PHP-Health Promotion** – Request for approval of a contract renewal with Men Overcoming Violence (MOVE) in the amount of $90,368, to provide family violence prevention services targeting service providers and community members, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with MOVE for services totaling $79,500 during FY 2000-01).
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **PHP-Housing and Urban Health** – Request for approval of a modification to a one-time only sole source contract with Mission Housing Development Corporation (MHDC), the lead agency in a collaborative to conduct a census of families with children living in SRO hotels. The budget has been increased from $70,724 to $98,724 and the contract period has been extended an additional month from April 1, 2001-July 31, 2001 for a new contract period of April 1, 2001 August 31, 2001. (DPH contracted with MHDC for services totaling $70,724 during FY 2000-01).
* *Calendaring request memo.*

(3.6) **PHP-Mental Health** – Request for approval of a sole source contract renewal with Echo Consulting Services of California, Inc., in the amount of $404,935, to provide maintenance and support services for Community Mental Health Services' billing software, INSYST, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with Echo for services totaling $341,432 during FY 2000-01).
* *Calendaring request memo, Monitoring report summary*

(3.7) **PHP-Mental Health** – Request for approval of a sole source contract renewal with InfoMC, Inc., in the amount of $284,500, to provide maintenance and support services for the San Francisco Mental Health Plan's cCURA2 software, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with InfoMC for services totaling $143,500 during FY 2000-01). .
* *Calendaring request memo, Monitoring report summary*

(3.8) **PHP-Mental Health** – Request for approval of a contract renewal with Calvin Y. Louie, CPA (CYL), in the amount of $539,504, to provide fiscal intermediary services for the Community Mental Health Services supplemental residential care facilities, for the period of July 1, 2000 through June 30, 2002, for a total contract value of $8,079,008. (DPH contracted with CYL for services totaling $4,039,504 during FY 2000-01).
** Calendaring request memo, Monitoring report summary*

(3.9) **CHN** – Request for approval of two (2) contract renewals with the following firms: Asereth Medical Services, Inc. and *Rxrelief*, for a combined total amount of $1,200,000, to provide as-needed supplemental pharmacy personnel services to the Community Health Network, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with these two firms for $1,150,000 during FY 2000-01).
** Calendaring request memo, Monitoring report summaries, Letters from the two firms*

(3.10) **CHN** – Request for approval of a contract renewal with Richmond Area Multi-Services, Inc. (RAMS) in the amount of $1,769,103 per year, for three years for a total contract amount of $5,307,309, to provide culturally competent partial hospitalization and aftercare treatment services targeting the community's mentally impaired population, for the period of July 1, 2001 through June 30, 2004. (DPH contracted with RAMS for services totaling $4,576,229 during FY 2000-01).
** Calendaring request memo, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF JULY**
**List of Awardees*

6) **FOR DISCUSSION:** **BAYVIEW HUNTERS POINT TASK FORCE UPDATE**
(Rajiv Bhatia, M.D.)
**Report*

7) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REINTEGRATION PROGRAM**
(Dr. Lisa Pascual, Director of Rehabilitation Services)
**Report*

8) **CLOSED SESSION**

A. Public comments on all matters pertaining to the closed session**

B. Vote on whether to hold a closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

C. Closed session pursuant to Government Code Section 54957 and San Francisco Code Section 67.10(b)

Public Employee Hiring: 1551 Executive Secretary to the Health Commission

D. Reconvene in Open Session

1) Possible report on action taken appointing the Executive Secretary to the Health Commission (Government Code Section 54957.1(a)(5), and San Francisco Administrative Code Section 67.14(b)(4))

2) Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.14(a))

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

San Francisco Department of Public Health

Find It

Minutes of the Health Commission Meeting

July 10, 2001
3:00 p.m.

at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, M.S.W., at 3:06 p.m.

Present:

- President Roma P. Guy, M.S.W.
- Vice President Edward A. Chow, M.D.
- Commissioner Arthur M. Jackson
- Commissioner Lee Ann Monfredini
- Commissioner Harrison Parker, Sr., D.D.S.
- Commissioner John I. Umekubo, M.D.

Absent:

- Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JUNE 19, 2001

Commissioner Chow requested a change to his comments regarding the Director's Report, in order to clarify his intention. The word "organization" was replaced with "joint conferences."

Action Taken: The Commission adopted the minutes of June 19, 2001, with Commissioner Chow's change noted.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner Lee Ann Monfredini)

Commissioner Monfredini chaired, and Commissioner Jackson attended, the Budget Committee meeting.

> (3.1) AIDS Office - Request for approval to retroactively accept and expend a performance agreement from Public Health Foundation Enterprises, Inc. (PHFE), in the amount of $69,799, to fund a project for "HIV Strain Diversity and Nonprogressors", for the period of July 1, 2000 to June 30, 2002.

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Commissioners' Comments

- During the Budget Committee, Commissioner Monfredini expressed concern that the data had not been collected correctly. Steven Tierney responded that this contract and all the HIV contracts are currently out to bid and they will be evaluating each bid on the work they do and their administrative operation.

(3.4) PHP-Health Promotion - Request for approval of a contract renewal with Men Overcoming Violence (MOVE) in the amount of $90,368, to provide family violence prevention services targeting service providers and community members, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with MOVE for services totaling $79,500 during FY 2000-01).

Commissioners' Comments

- During the Budget Committee, Commissioner Monfredini expressed concern about the organization's difficulty submitting material to the Department of Public Health in a timely manner. Alan Silva, the acting director of MOVE, responded that due to the transition in the leadership of the organization, they are still developing their communication structure with the department. Commissioner Jackson and Commissioner Monfredini requested that the department and the organization report to the Budget Committee at a future date when the program has been more fully developed.

(3.5) PHP-Housing and Urban Health - Request for approval of a modification to a one-time only sole source contract with Mission Housing Development Corporation (MHDC), the lead agency in a collaborative to conduct a census of families with children living in SRO hotels. The budget has been increased from $70,724 to $98,724 and the contract period has been extended an additional month from April 1, 2001-July 31, 2001 for a new contract period of April 1, 2001 August 31, 2001. (DPH contracted with MHDC for services totaling $70,724 during FY 2000-01).

Commissioners' Comments

- Commissioner Monfredini and Commissioner Jackson directed staff to provide the committee with a report once the census is complete.

(3.6) PHP-Mental Health - Request for approval of a sole source contract renewal with Echo Consulting Services of California, Inc., in the amount of $404,935, to provide maintenance and support services for Community Mental Health Services' billing software, INSYST, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with Echo for services totaling $341,432 during FY 2000-01).

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Commissioners' Comments

- During the Budget Committee, Commissioner Jackson asked staff to report back to the committee what portion of the total unit cost the Licensed Pharmacist, Registered Technician and Pharmacy receive.

(3.10) CHN - Request for approval of a contract renewal with Richmond Area Multi-Services, Inc. (RAMS) in the amount of $1,769,103 per year, for three years for a total contract amount of $5,307,309, to provide culturally competent partial hospitalization and aftercare treatment services targeting the community's mentally impaired population, for the period of July 1, 2001 through June 30, 2004. (DPH contracted with RAMS for services totaling $4,576,229 during FY 2000-01).

Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)

ADMINISTRATION

Board of Supervisor's Proposed Budget for FY 01-02

The Finance Committee of the Board of Supervisors completed six days of budget hearings and reviews for the FY 2001-2002 budget on June 28, 2001. The Finance Committee recommended reductions in the amount of $178,695 to the Health Department budget as submitted by the

Mayor's Office. Subsequently, the Finance Committee recommended that $6,806,093 be added back to the Department's budget to fund Contractor COLA's and program enhancements.

The Board of Supervisors will vote to approve the FY 2001-2002 budget on July 23 and July 30, 2001.

The following details the $6.8 Million recommended by the Finance Committee to be added back the Department's budget for FY 01-02.

$2,600,000	University of California 2% COLA and services.
$2,345,094	Non-profit contractor COLA's.
$ 369,000	Jail Health Psychiatric Services contract.
$ 75,000	Mission Neighborhood Health Center Excelsior Clinic.
$ 50,000	Walden House substance abuse services.
$ 100,000	Job training for the mentally ill.
$ 100,000	Family Links/ Parent Talkline.
$ 140,000	Richmond Area Multi-Services.
$ 75,000	Shanti Lifelines - breast cancer case management.
$ 75,000	New Leaf mental health services.
$ 50,000	Hepatitis C Education Services for intravenous drug users.
$ 50,000	Healthcare for Women.
$ 40,000	Positive Resource Center HIV support services.
$ 35,000	Transitions Program.
$ 35,000	Dolores Street Community Services
$200,000	Ark House - transitional housing for GLBT youth.
$367,000	SF AIDS Foundation - housing subsidies.
$100,000	Drop-In Clinic for mental health services.

POPULATION HEALTH AND PREVENTION

African American Health

San Francisco Department of Public Health's African American Health Initiative and the African American Coalition for Health Improvement and Empowerment sponsored the First Annual Community-Based Health Conference June 23rd at the Bayview Opera House. On June 29th, the San Francisco African American Health Summit was held. The summit, "Catalysts for Change", was a gathering of elected officials (including Assembly Member Kevin Shelley), public and private business leaders, health plan providers and community leaders, to develop an agenda for strengthening the African American community in San Francisco.

Proposition 36: The Substance Abuse and Crime Prevention Act

On June 28th, Proposition 36 Advocates, including the Lindesmith Center Drug Policy Foundation, issued 'report cards', grading 11 counties encompassing 75 percent of the state population on the quality of their implementation plans.

With an "A" grade, San Francisco ranked the highest (the only county to receive an "A"), followed by San Mateo (A-), Alameda (B), Orange (B), Los Angeles (B-), Fresno (C), Riverside (C), Santa Clara (D+), San Diego (D+) and Sacramento (D). The County of San Bernardino came in last with a failing grade. To view the report card, please refer to http://www.prop36.org/report.tpl.

San Francisco's plan is the result of a collaborative planning process that included representatives from the Board of Supervisors, City and County agencies, Probation, Parole, members of the community, the Treatment on Demand Council, advocacy groups, substance abuse treatment providers and the faith community.

Community Mental Health Services Receives 2.5 Million Grant for Youth Services

The City and County of San Francisco was awarded a Youth Development and Crime Prevention Grant by the State of California (Department of Alcohol and Drug Programs, Department of Mental Health, and the Employment Development Department). San Francisco will receive $834,357 annually for three years. Children's Mental Health Services, part of Community Mental Health, will serve as the lead agent for the grant, which is in collaboration with Community Substance Abuse Services, the Private Industry Council/Workforce Investment Commission and the Juvenile Probation Department. The project will serve youth ages 14-18 who have at least one juvenile probation referral and either a significant alcohol or drug problem or serious emotional disturbance. Communities being targeted include South of Market, Mission, Bayview Hunters Point and Visitation Valley.

COMMUNITY HEALTH NETWORK

San Francisco General Hospital Credentials Report

	07/01	2001 YTD
New Appointments	8	36
Reinstatements	0	5
Reappointments	22	242
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	35	97
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		

Additions	0	13
Voluntary Relinquishments	1	12
Proctorship Completed	71	71

Commissioners' Comments:

- Commissioner Parker thanked the Board of Supervisors Finance Committee for the budget add-backs, particularly the COLA increases for UCSF and the non-profit organizations.
- Commissioner Chow commended the administration for the development of the budget and its work with the Board of Supervisors.
- Commissioner Guy stated that the budget reflects the Health Commission's priority to invest in community-based care with such initiatives as the African American initiative, and to collaborate with other agencies such as the Police Department and the Recreation and Parks Department. She noted that community health can be enhanced when all of the stakeholders are brought together.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF JULY

On behalf of the Health Commission, Commissioner Parker presented the following awards:

- Individual Nominee: Joe Goldenson, M.D., EMS Medical Director
- Team Nominees: Malou Acha, Mila Alcantara and Odessa Fernandez, Contracts Procurement and Accounts Payable.

6) BAYVIEW HUNTERS POINT TASK FORCE UPDATE
(Rajiv Bhatia, M.D.)

Dr. Mitch Katz provided the Commission with an update on the actions that have been taken since the February 20, 2001 Health Commission hearing at the Milton Myers Recreational Center.

Dr. Katz reported that following the meeting, the Department of Public Health convened the leaders of several city departments to bring to bear all of the resources the City has to offer, and identify the short-term and long-term issues that departments can address. Three meetings were held in which department leaders were asked to prioritize and commit new resources that could be deployed swiftly to the community in ways that could improve health.

The following departments participated in these meetings and made commitments to concrete actions:

- MUNI
- Recreation and Parks Department
- Public Utilities Commission
- Port of San Francisco
- Department of Building Inspection
- Planning Department

- Department of the Environment

Dr. Katz described the commitments of each of the departments listed above. Further explanation of each department's commitments can be found in Attachment A.

Dr. Katz reported that the Health Department would coordinate a series of meetings for the Bayview around economic issues. He will convene a meeting with the department heads from the

Department of Human Services, the Mayor's Office of Economic Development, the Private Industry Council, the City Treasurer and others. He will also convene a separate set of meetings around the public safety issues in the Bayview with the Police Department, the Probation Department, the District Attorney, the Sheriff and others. These meetings will be geared toward concentrated efforts focussed on action.

Tony Wagner reported to the Commission the steps the Department of Public Health is taking to improve and enhance services to the Bayview community. The Department undertook an informal survey of residents to ensure community input in the planning process. Two prominent survey responses were an overwhelming concern with violence and public safety, and the desire to reconstitute the Ujima Project. The Department plans to resurrect the Ujima Project at the Milton Myers Recreation Center. Various DPH services, including WIC outreach, substance abuse outreach and referral, mental health screening and others will also be provided at the recreation center. The Department will also provide an array of services at the housing unit located at One Harbor Road.

Dr. Rajiv Bhatia continued the presentation by reporting the specific commitments made to address environmental health concerns. The DPH-Environmental Health Section has:

- Produced and distributed a guide to environmental health services.
- Created a MOU with the Department of Building Inspection to coordinate responses to mold complaints.
- Developed a comprehensive indoor environmental investigation protocol to be used in coordination with the Department of Building Inspection, tenants, tenants' rights groups, and landlords to evaluate subsidized housing in Hunter's Point.
- Agreed to conduct training for subsidized housing residents on asthma and indoor air quality.

According the to report, the Department of Public Health also made the following commitments:

- Develop a clinical presence at Hunter's Point. Services provided: preventive health, mental health, public health nursing, and WIC.
- Ensure that the appropriate entities both within DPH and externally are notified to respond to incidents of violence and homicides.
- Produce consumer friendly guide to citywide environmental health services.
- Station mobile services in the Bayview.
- Coordinate sewage back-up responses with the Department of Building Inspection and the Public Utilities Commission.
- Coordinate response to mold complaints with the Department of Building Inspection.

Commissioners' Comments

- Commissioner Umekubo asked the other departments to put timelines on their initiatives. He also recommended that the Department establish target benchmarks the Department would like to achieve in a particular timeframe. He stressed that this is an on-going, multi-year endeavor that will need monitoring.
- Commissioner Parker requested that the department share what it is doing with the Bayview residents. He stated that there needs to be a lifetime commitment to carrying out these projects in Bayview Hunter's Point.
- Commissioner Chow stated that as these initiatives move forward, violence and public safety must be addressed, and that it is important to get agencies such as the Sheriff's Department involved. He would like the Commission to receive follow-up reports for each initiative. Commissioner Chow also asked if this collaboration would be expanded to other communities throughout the city, and if all the diverse communities in the Bayview would be able to participate in the current effort. Dr. Katz responded that they are addressing public safety next, and that the services are geographically focussed, so all will have access. Mr. Wagner added that during the planning stages, it was made clear that this effort would reflect the diversity of the neighborhood.
- Commissioner Monfredini asked if gang activity has been addressed, as this is a public health issue. She also asked if the department is using models from elsewhere. Cynthia Selmar responded that the Health Department is working with a number of other agencies to address gang issues. The department is looking at best practices. Commissioner Monfredini then expressed concern that those property owners who are told to fix up their properties might abandon the endeavor, and lead to more homelessness.
- Commissioner Jackson stressed that economic development is a critical issue. He suggested that collaborative efforts be expanded beyond the departments to non-profits such as SF Works. He also conveyed a concern voiced by a number of people at the summit that when the neighborhood improves, it will lose its rich diversity. He said the department must ensure this does not happen.
- Commissioner Guy stated that the Commission has a new vision to involve stakeholders in the health agenda. She said that when the Health Commission and the Department of Public Health undertook the African American Initiative, it was unclear if it would be successful. But with every stakeholder involved and all the elements in place, it has been successful. She also stated that the Commission needs to direct the next steps, to see quantifiable objectives with benchmarks so that the stakeholders can identify with the progress, and that there should be continued discussion in the joint conferences over the next year.

7) LAGUNA HONDA HOSPITAL REINTEGRATION PROGRAM
(Dr. Lisa Pascual, Director of Rehabilitation Services)

Dr. Lisa Pascual, Director of Rehabilitation Services at Laguna Honda Hospital, described the new Community Reintegration Program (CRP) developed on the rehabilitation unit and other satellite units at Laguna Honda Hospital. The Community Reintegration Program is a program for individuals who demonstrate the potential for discharge within 90 days of admission, with an emphasis on:

- Rehabilitation
- Functional maintenance
- Discharge planning
- Community reintegration

The rehabilitation staff has developed a database to track referrals, demographics and outcomes, including clinical data based on nationally recognized measures. The database provides a means of identifying how efficiently people get in the hospital, how effectively their function is improved, and how well this function is maintained as an outpatient.

The Fiscal Year 2001-2002 budget will allow for the following:

- Outpatient follow up and case management utilizing a social worker.
- Addition of Restorative Rehabilitation Aides to enhance functional maintenance activities for patients in the CRP and FMP.
- Addition of skilled therapists to cover the increased need for skilled therapy for patients in the CRP and on other wards.

Commissioners' Comments

- Commissioner Chow asked staff to clarify why Laguna Honda accepts patients from other acute rehabilitation facilities such as St. Francis Hospital. Dr. Pascual responded that Laguna Honda has two levels of rehabilitative care: acute-level care and SNF-level care. Dr. Pascual said that often times an individual receives acute-level care at one facility and then is referred to Laguna Honda for SNF-level care.
- Commissioner Umekubo asked if staff has developed projections for the rehabilitation unit. Mr. Funk responded that staff is currently looking at the data to determine the number of rehabilitation services they will need to provide at the new facility. Commissioner Umekubo then asked if there are adequate community resources available for patients. Dr. Pascual responded that there is a lack of community resources available for cognitively impaired people who need 24-hour care.
- Commissioner Chow asked if Laguna Honda is expanding its rehabilitation component to meet community need, and if additional resources would be allocated for program improvements. He also asked staff to explain the environmental changes that have taken place that make an acute rehabilitation program useful and marketable at this time. Mr. Funk responded staff is doing extensive planning for the new facility and trying to make these programs in the new facility as user-friendly as possible. Mr. Funk said that over the next few weeks, staff will complete a projection analysis of various types of therapies that will be needed and the space needs for these programs.
- Commissioner Guy commended Dr. Pascual on her commitment. She stated that is an important issue for the Laguna Honda JCC, and that the JCC should monitor it.

8) PUBLIC COMMENTS

None.

9) ADJOURNMENT

The Commission adjourned the meeting at 5:35 p.m.

Michele M. Olson, Executive Secretary to the Health Commission

Find It

Any questions, comments, or suggestions pertaining to this site may be directed to the DPH Webmaster

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AGENDA

HEALTH COMMISSION MEETING

August 7, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 10, 2001**
**Minutes of July 10, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Central Administration** – Request for approval of a new contract with EPC Consultants, Inc. as fiscal intermediary for P.B. Strategies, LLC, who will provide overall project management services for capital improvement projects to neighborhood Primary Care facilities, in the amount of $58,500, for the period of August 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.2) **DPH-Central Administration** – Request for approval of four new contracts with the following four organizations in the amount of $300,000 to provide outreach services to residents of Bayview, Hunters Point and Potrero Hill, to assist the uninsured in gaining health information and health insurance coverage, for a two-year contract period of July 1, 2001 through June 30, 2003.

Children's Council of San Francisco (CCSF)	$50,000
Economic Opportunity Council of San Francisco (EOC)	$50,000
Potrero Hill Neighborhood House (PHNH)	$100,000
The Sojourner Truth Foster Family Service Agency Inc. (STFFSA)	$100,000

** Calendaring request memo*

(3.3) **PHP-Health Promotion** – Request for approval of a renewal contract with O'Rorke Public Relations & Advertising, in the amount of $170,000, to provide public relations and media services to the Stop Red Light Running Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with O'Rorke for services totaling $244,726 during FY 2000-01).
** Calendaring request memo, Contract evaluation form*

(3.4) **PHP-Health Promotion** – Request for approval of a month-to-month contract with CAHEED, Inc., in the amount of $339,000, to provide outreach and prenatal education and support services targeting African American fathers, mothers and infants, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with CAHEED for services totaling $207,090 during FY 2000-01).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.5) **AIDS Office** – Request for approval of a renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $140,110, to provide HIV prevention services targeting high-risk behavior groups, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with CAITC for services totaling $525,056 during FY 2000-01).
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* *Calendaring request memo*

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High Gear Achievers, Inc.	Tutorial Services	$11,000
JLC Services	Mentoring Services	$165,000
Lincoln Child Center	Sub-Acute Residential Treatment	$238,815
New College of California	Counseling Services	$8,000
RISE Institute	Mentoring Services	$165,000
Victor Treatment Centers	Sub-Acute Residential Treatment	$354,557

* *Calendaring request memo*

(3.9) **PHP-Mental Health** – Request for approval of a retroactive contract modification with Jewish Family and Children's Services (JFCS), in the amount of $364,984, to provide outpatient mental health services to refugee children from the former Soviet Union and mental health consultation, clinical and training services for family and center-based child care providers, for the period of July 1, 2000 through June 30, 2001, for a total contract value of $1,277,018 for the four-year period of July 1, 1997 through June 30, 2001 ($404,984, for FY 2000-01). (DPH contracted with JFCS for services totaling $372,034 during FY 2000-01).
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(3.10) PHP-Substance Abuse – Request for approval of a retroactive contract modification with Ohlhoff Recovery Programs in the amount of $76,370, to provide residential and outpatient substance abuse services targeting women and adolescents, for the period of July 1, 2000 through June 30, 2001, for a total contract value of $770,753 during the total contract period of July 1, 1998 through June 30, 2002. (DPH contracted with Ohlhoff for services totaling $189,188 during FY 2000-01).
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* *Calendaring request package*

(3.12) CHN-SFGH Radiology – Request for approval of a two-year contract with the Registry Network, Inc., in the total contract amount of $700,000, to provide intermittent, as-needed, professional radiology technology services, with on-call availability 7 days a week, for the period of September 1, 2001 through August 31, 2003. (DPH contracted with Registry Network for services totaling $414,258 during FY 2000-01).
* *Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).
**Report*

5) **FOR DISCUSSION AND PROPOSED ACTION:** **PRESENTATION OF THE SAN FRANCISCO TRAUMA CARE SYSTEM PLAN 2001 AND CONSIDERATION OF A PROPOSED RESOLUTION**
(John Brown, M.C., Director EMS Section)
**Executive Summary and Proposed Resolution*

6) **FOR DISCUSSION:** **URGENT CARE CLINIC UPDATE**
(David Ofman, M.D., CHN Medical Director for Primary Care Services)
**Report*

7) **OTHER BUSINESS/PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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ADDENDUM

HEALTH COMMISSION MEETING

August 7, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

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9) CLOSED SESSION

A. Public Comment on All Matters Pertaining to Closed Session

B. Vote to Whether to Hold a Closed Session to Confer With Legal Counsel. (San Francisco Administrative Code Section 67.11(a)

C. Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b)

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $100,000 in the Scottie McKinney v. CCSF, United States District Court, Case # 00-0175

D. Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.14(a))

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President

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Vice President

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MINUTES

HEALTH COMMISSION MEETING

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August 7, 2001
3:00 P.M.
at
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The regular meeting of the Health Commission was called to order by President Roma Guy, M.S.W., at 3:15 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF JULY 24, 2001

Action Taken: The Commission adopted the minutes of July 24, 2001 with the corrections for the July 10, 2001 minutes on page 6, item #5, to read: "On behalf of the Health Commission, Commissioner Jackson presented the following awards," and, also on page 6, item #6, the addition of the "Department of Public Health" to the list of departments.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioners Monfredini and Parker attended, the Budget Committee meeting.

(3.1) **DPH-Central Administration** – Request for approval of a new contract with EPC Consultants, Inc. as fiscal intermediary for P.B. Strategies, LLC, who will provide overall project management services for capital improvement projects to neighborhood Primary Care facilities, in the amount of $58,500, for the period of August 1, 2001 through June 30, 2002.

(3.2) **DPH-Central Administration** – Request for approval of four new contracts with the following four organizations in the amount of $300,000 to provide outreach services to residents of Bayview, Hunters Point and Potrero Hill, to assist the uninsured in gaining health information and health insurance coverage, for a two-year contract period of July 1, 2001 through June 30, 2003.

Children's Council of San Francisco (CCSF)	$50,000
Economic Opportunity Council of San Francisco (EOC)	$50,000
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(3.3) **PHP-Health Promotion** – Request for approval of a renewal contract with O'Rorke Public Relations & Advertising, in the amount of $170,000, to provide public relations and media services to the Stop Red Light Running Project, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with O'Rorke for services totaling $244,726 during FY 2000-01).

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Commissioners' Comments

- Commissioner Sanchez stated that the recommendation is to approve a month-to-month contract, and that staff will provide the Budget Committee with a report on the performance of this contract in 30 days, as well as a report when the City Attorney investigation is complete. Commissioner Sanchez said that, in the meantime, staff will be looking at other options for maintaining these services in the event there are any diversions of the existing programs. Commissioner Sanchez stated that, with regard to the Health Department contract, staff has said that they have been working successfully with the organization.

- Commissioner Guy pointed out that there are two issues with regard to the contract: the expansion into the Western Addition and their on-going work. Commissioner Guy wants to ensure that both components are part of the report to the Budget Committee. Commissioner Guy also pointed out that there were performance issues raised in the staff report that are separate from the City Attorney investigation that must be addressed.

- Commissioner Monfredini stated that the organization is doing good work on the Health Department contract, but that the Budget Committee will be monitoring the contract on a monthly basis.

- Dr. Chow stated there is no question that these services are vital to the community, and that the Commission is receiving assurances from staff that the services are being delivered. Dr. Chow said that as each month goes by, there needs to be continued progress, and that the Budget Committee should receive monthly reports for the next two months, in addition to receiving a report when the investigation is complete.

- Commissioner Jackson asked if it is costing the city extra funds to have staff on-site to ensure that the non-profit is performing adequately. Ginger Smyly responded that it really is not an additional cost to the program, because the Health Department staff also provides direct services.

(3.5) **AIDS Office** – Request for approval of a renewal contract with California AIDS Intervention Training Center (CAITC), in the amount of $140,110, to provide HIV prevention services targeting high-risk behavior groups, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with CAITC for services totaling $525,056 during FY 2000-01).

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Commissioners' Comments

- At the Budget Committee, Commissioner Monfredini conveyed Commissioner Guy's commendation of the organization for its strong approach to cultural competency.

- Commissioner Sanchez abstained on this item.

(3.7) **AIDS Office** – Request for approval of a new sole source contract with the Regents of the University of California, on behalf of the University of California at San Francisco (UCSF), Center for AIDS Prevention Studies, in the amount of $369,159, to provide a full range of services for telephone interviews for an HIV Seroincidence Study of men in San Francisco, for the period of July 1, 2001 through December 31, 2001. (DPH contracted with UCSF for services totaling $10,581,353 during FY 2000-01).

Commissioner Sanchez abstained on this item.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on #3.6 and #3.7.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

August at Laguna Honda Hospital — A New Tradition
Last Friday, Dr. Katz began a 4-week stint of doctoring at Laguna Honda Hospital. He will be going 3-4 times a week for 3-hour blocks. During this time Dr. Katz will be carrying the call pager (for immediate medical problems for which the regular ward physician is not available), checking on residents living on wards where the regular doctor is out sick or on vacation, seeing patients, reviewing monthly orders, and performing admission history and physicals for patients returning to Laguna Honda from the acute hospital.

As with working as a medical attending at SFGH in December, Dr. Katz will be practicing his vocation and interacting with patients. Dr. Katz is deeply impressed with the quality of the medical and nursing care at Laguna Honda Hospital.

Working on the wards, whether at LHH or SFGH, is a particularly helpful method of learning about our system and identifying the opportunities for growth. Dr. Katz noted a high proportion of residents at LHH with serious mental health issues, especially schizophrenia, and schizo-affective, who also have skilled nursing needs. Unlike the MHRF, LHH was not specifically designed in its physical plant or in its programming to care for people with serious mental illness. Because these patients cannot be moved to the MHRF (they require too much skilled nursing care), the Department needs to intensify mental health programming for LHH.

Through the actions of the Health Commission, the Board of Supervisors, the Mayor and the efforts of dedicated staff, the first steps in this direction have been taken through opening the recent psychosocial units. There is more to be done. Planning between LHH and Mental Health to intensify mental health treatment at LHH has begun. DPH will bring proposals for resolving these issues to the Joint Conference at LHH.

State Budget

Overview

On July 26, 2001, Governor Gray Davis signed a $103.3 billion State budget for fiscal year 2001-02. As a result of a slowdown in California's economy and State revenues, the final budget reflects significant cutbacks from the spending levels proposed in by the Governor in January 2001. In order to establish a $2.6 billion reserve, the Governor cut $554 million from the Legislature's spending plan.

Highlights of Health-Related Provisions

Of the $554 million blue-penciled by the Governor, $77 million was taken from health programs. Despite these cuts, the budget spends $13.6 billion on health programs, which represents a 9.8 percent increase over last year's spending. Consistent with his veto messages of last year, vetoes related to county health programs pointed to local realignment funds and local Tobacco Settlement dollars that jurisdictions may use for any health purpose deemed a local priority.

Department's Budget Priorities

Notwithstanding the significant cuts in health services, two of the Department's highest State budget priorities were retained in the final budget: increased funding for Laguna Honda Hospital and funding for trauma care centers.

The budget establishes a program to allow public distinct part nursing facilities to match their local General Fund contribution with federal Medicaid dollars. For Laguna Honda, this will mean approximately an additional $5 million in Medicaid revenue in 2001-02. Once again, Assemblywoman Migden sponsored the distinct part nursing facility budget item on behalf of the Department and DPH is extremely grateful for her continued support of Laguna Honda Hospital.

The budget also includes one-time funding of $25 million to be allocated to trauma centers like San Francisco General Hospital's trauma center, and provides $5 million to establish a statewide trauma plan. Department staff and the City's lobbyist worked closely with the Save California Trauma Centers coalition in support of this budget initiative.

Tobacco Settlement Fund

The budget continues to dedicate the State's share of Tobacco Settlement dollars ($475 million) to health purposes, including previous Medi-Cal expansions and the proposed expansion of Healthy

Families to include parents. Unfortunately, however, this has the effect of supplanting State General Funds with Tobacco Settlement funds and, as a result, reduces the State's General Fund commitment to health services.

Medi-Cal

The budget adds $500 million General Fund to accommodate anticipated increased caseloads in the Medi-Cal program for eligibility changes made to the program in 2000-01. These changes include expansion of eligibility to: provide no-cost Medi-Cal to two-parent working families with incomes below 100% federal poverty level (FPL) and aged, blind and disabled with incomes below 133% FPL; provide coverage to working disabled with incomes below 250% FPL; and to provide continuous eligibility for children and for persons leaving CalWORKS. Last year's expansions are expected to increase Medi-Cal enrollment by 800,000 people.

Healthy Families

The final budget includes $61.8 million in Tobacco Settlement funds to expand Healthy Families to cover parents up to 250% FPL, pending federal approval. However, the Governor deleted language that would have made coverage for parents under Healthy Families an entitlement. Consequently, continued coverage for parents will be subject to annual appropriation in the State budget.

Behavioral Health

The final budget reduces youth substance abuse treatment programs by $5.7 million citing the General Fund commitment to substance abuse under Proposition 36. Additionally, drug court funding was reduced by $3 million. In mental health, the budget increases AB 34/AB 2034 funding by $10 million, reduces funding for the supportive housing program by $5 million and deletes a $2 million Legislative augmentation to fund the Mental Health Respite Care Pilot Program.

Public Health

The AIDS Drug Assistance Program received full funding in the State budget. However, funding for HIV/AIDS education and prevention activities was reduced by $4 million. The budget also returned local public health subvention to last year's funding level of $1 million statewide and deleted a $2 million Legislative augmentation for the Childhood Lead Poisoning Prevention Program.

Maternal and Child Health

The Governor blue-penciled the County Maternal and Child Health Services allocation by $2.6 million. The loss of this funding will result in $183,000 in losses to the Department. Additionally, the Governor deleted a $6.7 million Legislative augmentation that would have increased the frequency of health screening and evaluation services under the Child Health Disability Prevention (CHDP) Program to conform to standards established in Healthy Families and Medi-Cal managed care.

Women's Health

The budget includes $9.5 million ($5.3 million Tobacco Settlement Fund and $4.2 million federal funds) to phase in a new federal option to provide breast and cervical cancer treatment for women with incomes up to 200% FPL who were previously ineligible for Medi-Cal. The budget also contains $9.1 million in Tobacco Settlement funds to provide treatment for uninsured and underinsured women who do not qualify for the new Medi-Cal benefit. Screening services will continue to be covered under separate programs, including the Proposition 99-funded Breast Cancer Early Detection program.

Vital Statistics
A new $3 fee has been added for certified copies of birth, death, marriage or marriage dissolution records. The budget provides that these fees may be used by State and local governments to enhance services to the public, improve the ability of State and local health authorities to analyze maternal and newborn health needs, and to analyze the health status of the general population.

State Plan Amendment for Laguna Honda Approved
On July 17, 2001, the federal Centers for Medicare and Medicaid Services (CMS) approved California's State Plan Amendment implementing Senator Speier's bill of 1999, SB 1128, which allows Laguna Honda to access supplemental Medicaid payments to help cover the costs associated with servicing the debt on the rebuild. These funds will help the City reduce the burden on taxpayers for repayment of the bond by making federal Medicaid funding available for this purpose. Supplemental payments will be accessible once DPH submits a certificate of occupancy for the new facility. This effort was strongly supported by the federal delegation, who, together with San Diego's delegation, sent a letter to CMS requesting the speedy approval of this State Plan Amendment.

DAWN Report Offers Good News for San Francisco
DPH received good news this past week from the Substance Abuse and Mental Health Services Administration (SAMHSA). The agency's recent DAWN Report (Drug Abuse Warning Network), which tracked significant trends in drug related emergency department visits from 1999-2000, is showing a 12 % decrease in drug related ED visits in San Francisco (from 8930 to 7857). This is the first time in over a decade that San Francisco has fallen below the top two in ranking metropolitan areas for drug episodes, reflecting the City's continued and growing commitment to prevention, increased access into treatment and harm reduction services. A specific indication of how well we are doing in preventing emergency department visits is also reflected in a 10% decrease in heroin/morphine mentions (from 3074 to 2773), and a stable number of methamphetamine/speed incidents (at 591). However, club drugs such as GHB and MDMA and marijuana/hashish are increasing, especially among patients age 25 and under.

The entire report can be accessed on the SAMHSA web site at www.samhsa.gov.

Substance Abuse: Ozanam Open and Accepting Patients
Health Commissioners congratulated the staff involved in bringing about the successful opening of the Ozanam Medically Managed Detoxification Program that began treating its first patient immediately after opening its doors last week. The new Ozanam Program (Howard Street Detoxification Program) represents a collaboration of DPH, St. Vincent DePaul and UCSF, bringing vital medical services and expertise to a community-based setting. The program has taken 20 existing social model detox beds at the Ozanam, and enhanced them with 24-hour medical monitoring, along with the ability to provide oral medication when indicated. Because of these program enhancements and the safe venue they create, DPH will be able to treat individuals who, given the severity of the substance use and co-existing medical or psychiatric conditions, require monitoring and medication to safely withdraw. The majority of patients will be dependent on a combination of alcohol, sedatives and opiates, which tend to produce the greatest degree of physical dependence.

Children and Families Commission
The Children and Families Commission, with whom this Department has close ties, has just released their annual report. Ginger Smyly, MPH, from Community Health Promotion and Prevention Branch, has served as Chair of the Commission, along with Vice Chair, Margaret Brodkin, of Coleman Advocates. The report highlights the first year's work of the Commission under its new Strategic Plan. The Health Commissioners may recall the advent of Prop 10, which funded the

Children and Families Act of 1998, to provide funds to invest in the health and development of children zero to five and their families. The funds come from a new tax on tobacco products.

CHIPPS Program Featured in Centers for Decease Control Report

The Department's Community Health Injury Prevention Program (CHIPPS) for senior injury prevention was featured in a news report just released by CDC, titled "U.S. Fall Prevention Programs for Seniors." CHIPPS is one of 18 programs in 12 states providing education about preventing falls, home assessments, safety checklists, and access to home repairs. The complete report is available on the CDC web site.

Environmental Health, Solid Waste Enforcement

The State Integrated Waste Management Board has awarded the Department's Environmental Health Section $23,000 in grant funds to support new equipment, training and technical support. The award reflects the Board's recognition of SFDPH's effective monitoring and enforcement of the State's solid waste health and safety standards.

WEDGE Program Fundraiser

The WEDGE Program, which educates San Francisco youth about HIV/AIDS, has teamed up with Macy's during the retailer's upcoming PASSPORT AIDS benefit event. A $10 donation to WEDGE qualifies shoppers for in-store discounts at Macy's Union Square or Valley Fair on September 15th. 100% of all donations go directly to the WEDGE program. The PASSPORTS are available through the WEDGE program office.

Medical Staff Appointments LHH

YTD	07/1/2000 to 6/30/2001
New Appointments	3
Reinstatements	0
Withdrawal	1
Reappointments	66
Delinquencies	0
Reappointment Denials	0
Resigned/Retired	11
Disciplinary Actions	0
Restriction/Limitation-Privileges	0
Changes in Privileges	
Additions	0
Voluntary Relinquishments	0

Commissioners' Comments

- Commissioner Guy commended Dr. Katz for serving on staff at Laguna Honda in August, and stated that the input he receives will be beneficial during the program planning for the new Laguna Honda. Commissioner Guy would like this information reviewed at the Laguna Honda Joint Conference Committee. With regard to the State Plan Amendment for Laguna Honda, Commissioner Guy noted that last year the Health Commission had extensive discussions about lobbying for increased financing of the health care system, and that the State Plan Amendment is a successful outcome of this effort.

- Commissioner Chow commented on the DAWN report, and asked if drug use is increasing in other geographic areas. Dr. Katz responded that yes, other areas are up, and that San Francisco no longer ranks number one. Commissioner Chow continued that this is an excellent report coming from an outside agency that confirms that the City's commitment to drug treatment is making a difference in San Francisco.

- Commissioner Umekubo noted the higher proportion of serious mental health issues at Laguna Honda, and asked if dementia was one of these problems. He looks forward to working at the Laguna Honda Joint Conference Committee to address this issue.

5) **PRESENTATION OF THE SAN FRANCISCO TRAUMA CARE SYSTEM PLAN 2001 AND CONSIDERATION OF A PROPOSED RESOLUTION**
(John Brown, M.D., Director EMS Section)

Dr. John Brown, Director of the EMS Section, presented the commissioners with an overview of the San Francisco Trauma Care System Plan 2001. The power point presentation covered the background, goals and vulnerabilities of the 2001 plan, the changes in the 2001 Plan, the implications for the future of the Trauma Care System and the approval process (Attachment A).

The overall goals of the 2001 plan are:

- Decrease Injury Morbidity and Mortality in San Francisco
  - Ensure rapid access to appropriate levels of care
  - Ensure seamless pediatric trauma care
  - Improve long-term trauma outcomes
  - Improve injury surveillance, prevention and public education
- Evaluate Trauma System Quality and Cost-Effectiveness
  - Monitor trauma system process, structures, outcomes and costs with continuous quality improvement process

Dr. Brown provided a summary of the existing Trauma System vulnerabilities, including medical transportation constraints, as well as changes in the 2001 plan.

Dr. Brown then discussed the current status of air medical access. The Emergency Medical Services Section is proposing to undertake a feasibility study for air medical access. This study will provide an objective determination of need, determine potential risks, and determine potential benefits. It will also provide an analysis of potential sites, an evaluation of neighborhood impacts, and cost estimates.

The 2001 Trauma System Plan emphasizes a regional approach to trauma resources. Dr. Brown stated that the American College of Surgeons has certain requirements for Level 1 Trauma Centers. These requirements include community outreach with research, education and patient care expertise, an ongoing commitment to Level 1 care and a trauma center volume. Dr. Brown continued that by regionalizing, EMS increases its ability to keep its Level 1 designation, and its ability to maximize resources by working with other regional trauma centers.

Commissioners' Comments

- Commissioner Jackson asked how the new plan will help the Commission and the department address the issue of street congestion, both in terms of making sure cars get out of the way and that they are aware of where to go. Commissioner Jackson stated that there needs to be a public information campaign about what to do when confronted by an ambulance.

- Commissioner Umekubo asked about the plan to coordinate services so that every patient does not get sent to San Francisco General Hospital, which is already so busy. Dr. Brown responded that there are multiple levels of the plan that address that issue, including the reorganization of the Multi-casualty Incident Policy. Dr. Brown added that there will also be a review of the department's triage mechanisms. Commissioner Umekubo asked if the Department gets subsidized for being the region's Level 1 Trauma Center, and if they have air medical access. Dr. Brown responded that State allocation of $25 million to trauma centers does take some of this into account, and he is hopeful that this program will be continued and expanded. Dr. Brown further stated the distribution of funds depends on the acuity of patients. Dr. Katz added that people who receive care at the trauma center generally have insurance, in addition to the fact that the type of care trauma patients receive has favorable rates of reimbursement.

- Commissioner Sanchez commended Dr. Brown and his staff developing the plan, which truly envisions the critical needs of the trauma system. Commissioner Sanchez noted that, during the Budget Committee, a study on red-light running was approved, and that the information gleaned from this study can be useful addressing the impact of street congestion on access to emergency care.

- Commissioner Chow requested that the Department provide the Commission with implementation timelines. Commissioner Chow emphasized the need for air medical access, and stated that the system cannot truly be regional without air medical access at the trauma center. Commissioner Chow continued that, with regard to pediatric trauma care, there needs to be a way to get these patients across the Bay Bridge to Oakland Children's Hospital, which has the only Level 1 Pediatric Trauma Center in the Bay Area.

- Commissioner Guy applauded the patient-centered nature of this plan, and its focus on outcomes, medical access, MOUs with other trauma centers, and regionalization. Commissioner Guy stated that this plan must be integrated with the plans for the rebuild of San Francisco General Hospital.

Action Taken: The Commission unanimously adopted Resolution #14-01, "Approving the City and County of San Francisco 2001 Trauma Care System Plan Revision and Update," with one Amendment (Attachment B).

6) **URGENT CARE CLINIC UPDATE**
(David Ofman, M.D., CHN Medical Director for Primary Care Services)

Dr. David Ofman, Medical Director for Primary Care Services, began the presentation by providing an overview of the various staff who developed this urgent care clinic initiative. Urgent care is provided at various sites in the health care system. Most of the sites do both primary care and urgent care. The most pressing need for urgent care is for unaffiliated patients—patients who are

not already connected to a primary care provider. There is tremendous demand for urgent care for unaffiliated patients.

Dr. Susan Obata, Medical Director for Urgent Care Services, continued the report to the Commission with a power point presentation. The presentation included the history, goals, scope of services, current utilization data, and future direction and recommendation for the Urgent Care Clinic (Attachment C).

The primary goal of the Urgent Care Clinic was to better integrate urgent care into the continuum of primary care and to strengthen the relationship between the community primary care system and hospital-based services.

Goals:

- Provide after hour care for Community Health Network patients who cannot access limited community health centers' evening/weekend hours
- Augment the services provided by the San Francisco General Hospital and Medical Center Emergency Department
- Maintain a commitment to access for all residents by eliminating financial, linguistic, physical and operational barriers
- Provide quality services that treat illness
- Promote and sustain wellness
- Prevent the spread of disease, injury and disability.

There are a number of Urgent Care Issues, including: inadequate primary care capacity; growing number of uninsured and underinsured; work constraints of patients; limited access to urgent care facilities in San Francisco; increasing acuity of patients; and the requirement for case management.

Future Direction and Recommendations:

- Reconfiguration of services, for example providing more urgent care times on Mondays and Fridays, and less primary care.
- Patient education of clinic procedures for medication refills, the on-call physician system, and the availability of social work or substance abuse services.
- Provide opportunities for primary care provider's work in an urgent care clinic every so often because patients are more inclined visit a provider who they have already seen.

Commissioners' Comments

- Commissioner Parker stated that the creation of this clinic was the prudent thing to do, and it has been very productive.

- Commissioner Chow asked staff to provide him with more detailed information about the geographic areas with the highest utilization. Dr. Chow stated that as the department moves into a different focus, there needs to be more discussion about how much emphasis will be on additional after-hours primary care and how much on more urgent care services to lessen the burden of the emergency department. Dr. Chow requested a report to the CHN Joint Conference Committee with more details on the future direction of the Urgent Care Clinic. Dr.

Obata stated that the majority of the patients they see at the clinic really need primary care, rather than urgent care.

- Dr. Sanchez stated that access and continuity are the keys of primary care, and we need to pursue how to meet these needs.

- Commissioner Umekubo commented that access to primary care in a timely manner, in a way that does not overburden the ER, is very important. He asked Dr. Obata to explain in more detail the process for getting an unaffiliated person into a primary care clinic. Dr. Obata replied that the Urgent Care Clinic staff refers patients to the patient referral system, where they would then schedule a primary care appointment or receive a specialty clinic referral. Commissioner Umekubo asked if there was any data to indicate what percentage of patients receive care at a primary care clinic, once they are referred from the Urgent Care Clinic. Dr. Obata replied that 15-20 percent goes on to receive primary care.

- Commissioner Guy stated that this an excellent report with extensive data than can be used to determine the future of the Urgent Care Clinic in terms of expanded service. She stated that the CHN Joint Conference Committee should discuss this issue in time for the next budget year.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) CLOSED SESSION

A. Public Comment on All Matters Pertaining to Closed Session

None.

B. Vote on Whether to Hold a Closed Session to Confer With Legal Counsel. (San Francisco Administrative Code Section 67.11(a)

Action Taken: The Commission voted to hold a closed session.

The closed session began at 5:40 p.m.

C. Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.11(b).

Conference with Legal Counsel – Existing Litigation

Proposed total settlement of $100,000 in the Scottie McKinney v. CCSF, United States District Court, Case # 00-0175.

D. Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Sections 54957.1(a)(2) and San Francisco Administrative Code Section 67.14 (b)(2))

Action Taken: The Commission approved the proposed settlement of $100,000

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.14(a))

Action Taken: The Commission voted not to disclose any discussions held in closed session.

The closed session ended at 6:10 p.m.

9) **ADJOURNMENT**

The meeting was adjourned at 6:11 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

San Francisco
Trauma Care System Plan 2001

John Brown, M.D.
EMS Section
Department of Public Health

Presentation to the Health Commission
August 7, 2001

Attachment A
Page 1 of 6

San Francisco Trauma Care System Plan 2001

John Brown, M.D.
EMS Section
Department of Public Health

Presentation Outline

- Background and Goals of 2001 Plan
- Changes in 2001 Plan
- Implications for the Future of the Trauma Care System
- Approval Process

Background

- **EMS System**
  - State law requires EMS Agency to plan, regulate and monitor EMS System (hospital, fire, ambulance, etc.) inc. trauma
- **Trauma Care System**
  - Integration of EMS and trauma care resources to reduce preventable injury deaths and improve patient outcomes

Goals of the 2001 Trauma Care System Plan

- **Decrease Injury Morbidity and Mortality in San Francisco**
  - Ensure rapid access to appropriate levels of care
  - Ensure seamless pediatric trauma care
  - Improve long-term trauma outcomes
  - Improve injury surveillance, prevention, public education

Goals of the 2001 Trauma Care System Plan (cont'd.)

- **Evaluate Trauma System Quality & Cost-Effectiveness**
  - Monitor trauma system process, structures outcomes and costs with continuous quality improvement process

Existing Trauma System Vulnerabilities

- Trauma Center capacity during high volume periods
- Medical Transportation Constraints
- Major Pediatric Trauma Resources
- Data collection and quality improvement limitations
- Economic instability
- ED Overcrowding & Provider Staffing

Affiliation with UCSF

- SFGH and UCSF Affiliation Agreement
  - SFGH has clinical training site
  - UCSF has medical staff
- Agreement provides no protection from withdrawal of staffing from vital programs at SFGH
  - Unintentional or collateral decisions could interrupt trauma program

Changes in the 2001 Plan

- Address trauma system vulnerabilities
- Comply with State regulatory changes
- Support trauma system elements
  - improved medical transportation access
  - improved pediatric trauma care
  - improved trauma system management

Air Medical Access-- Current Status

- Ad hoc non-licensed site at Pier 94-96
  - Poor lighting, security
  - Temporary; site availability uncertain
- Police public safety air access site development unfunded

10

Air Medical Access-- Feasibility Study

- Objective determination of need
  - Trauma System, Disaster/Emergency Air Medical Transportation consultants
  - Literature search/comparisons with established air medical use in other communities
  - Trauma Center use projections
    - # of patients to be served locally and regionally
    - monthly/multiple casualty/disaster

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Air Medical Access-- Feasibility Study (cont'd.)

- Determine Potential Risks
  - safety projections
  - environmental impact
    - potentials for air & noise pollution
- Determine Potential Benefits
  - SF residents & visitors access to regional trauma services
  - Trauma Center volume support
  - Coastal regions access to Level I services

Air Medical Access-- Feasibility Study (cont'd.)

- Feasibility
  - analysis of potential sites
  - neighborhood impact
- Costs
  - construction
  - maintenance

13

Improvements in Pediatric Trauma Care

- Develop SFGH Trauma Center policies for expedient transfer of critical young pediatric patients
- Incorporate regional pediatric trauma centers into SF System
- Standardize pediatric trauma care protocols
- Improve all hospitals' ED Pediatric Trauma Care Plans

14

State Regulatory Changes

- Inclusive model of trauma care systems
  - monitor outcomes of patients with less severe injuries that go to non-trauma center community hospitals
  - integrate acute care quality improvement process with injury prevention and rehabilitative care

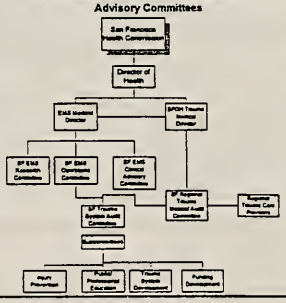
15

Integrated QI System

- Standardized input from all system elements
- Trauma System Audit and Trauma Medical Audit Committees
  - Decision making for ongoing developments and improvements
- Consultant expertise
- Ongoing dissemination of analysis
  - policy & training improvements

16

2001 Trauma Plan Modifications to EMS Section Advisory Committees



The Future of Trauma Care in San Francisco

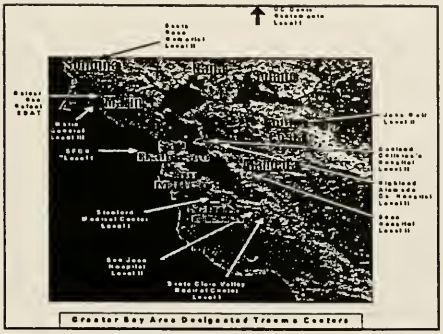
- Systematic evaluation of options based on regular analysis of trauma system data
- Proactive system modifications
- Integrated primary, secondary and tertiary prevention efforts to reduce injury mortality and morbidity
- Regional approach to trauma resources

18

Regionalization

- Level I Trauma Center ACS requirements
  - Community Outreach with research, education & patient care expertise
  - Ongoing commitment to Level I care
  - Trauma Center volume
- Benefits of regionalization
  - maximizing resources
- Next steps

19



Greater Bay Area Designated Trauma Centers

Projected Financial Impact

COSTS	BENEFITS
• EMS Section positions	• Fulfilling all State reqs. for data collection
• Development & maintenance of EMS/Trauma Database	• More accurate triage; less transfers
• Data collection from all system components	• Potential increase in Trauma Center revenue
• Consultants	

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Approval Process

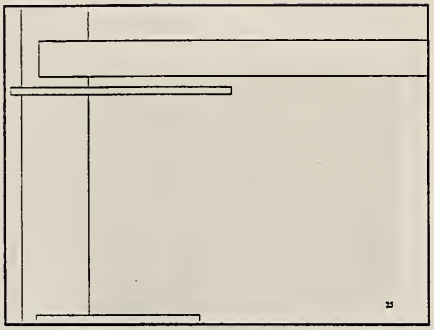
- Health Commission resolution to approve trauma plan
- State EMS Authority approval
  - submission date August 12

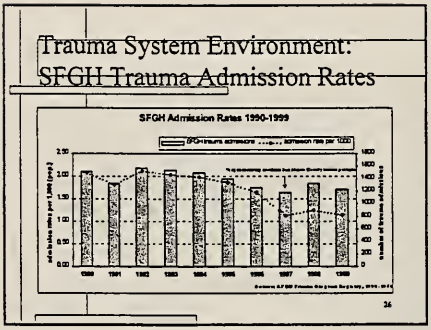
22

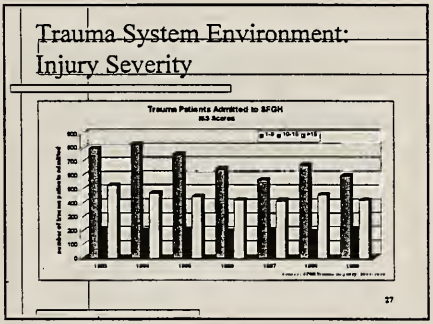
Summary

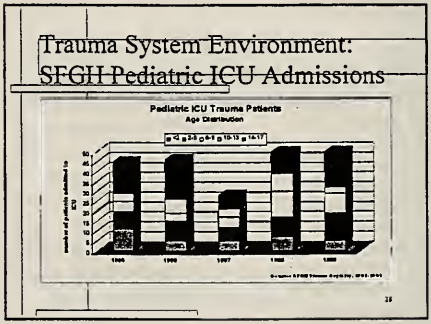
- Vulnerabilities and Goals
- Changes in 2001 Plan
- Future of Trauma Care System
- Approval Process

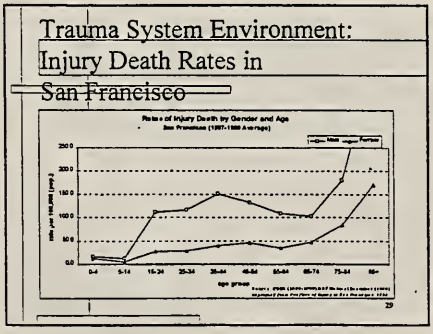
23

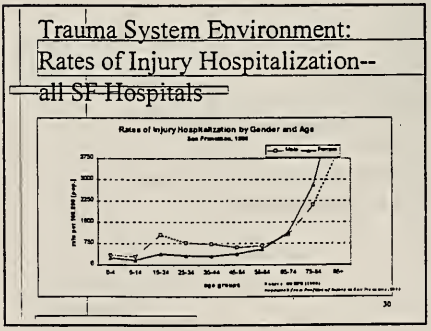



Trauma System Environment:
SFGH Trauma Admission Rates
SFGH Admission Rates 1990-1999


Trauma System Environment:
Injury Severity
Trauma Patients Admitted to SFGH
ISS Scores


Trauma System Environment:
SFGH Pediatric ICU Admissions
Pediatric ICU Trauma Patients
Age Distribution


Trauma System Environment:
Injury Death Rates in
San Francisco
Rates of Injury Death by Gender and Age


Trauma System Environment:
Rates of Injury Hospitalization--
all SF Hospitals
Rates of Injury Hospitalization by Gender and Age

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-01

APPROVING THE CITY AND COUNTY OF SAN FRANCISCO 2001 TRAUMA CARE SYSTEM PLAN REVISION AND UPDATE

WHEREAS, the City and County of San Francisco is committed to maintaining a high quality system of trauma care for the people of San Francisco; and,

WHEREAS, the City and County of San Francisco is committed to maintaining San Francisco General Hospital as the designated Level 1 Trauma Center; and,

WHEREAS, the first San Francisco Trauma Care System Plan was approved by the Health Commission of the City and County of San Francisco in 1990; and,

WHEREAS, the Emergency Medical Services (EMS) Section of the City and County of San Francisco Department of Public Health has been designated as the Local EMS Agency for the City and County of San Francisco, pursuant to California Health and Safety Code, Section 1797.200; and,

WHEREAS, San Francisco General Hospital was designated by the EMS Section of the City and County of San Francisco Department of Public Health as the Trauma Center for the City and County of San Francisco in 1991; and,

WHEREAS, through its Level I services, San Francisco General Hospital provides advanced trauma care and professional trauma education and training that is not available in communities in the North and East Bay and Northern California Coastal regions; and,

WHEREAS, the Health Commission of the City and County of San Francisco resolved in 1998 to support the regionalization of the Level I Trauma Program at San Francisco General Hospital to counties in need of advanced trauma care, as long as there is no negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco; and,

WHEREAS, since 1998, the regionalization of San Francisco General Hospital trauma services into the northern portion of San Mateo County has succeeded without negative impact on the delivery of emergency and trauma services to the people in the City and County of San Francisco; and,

WHEREAS, the use of regional trauma resources can be maximized if rapid emergency medical transportation is available to the Level I trauma services of San Francisco General Hospital from local and remote Northern California Coastal regions, and from San Francisco to the advanced pediatric and adult trauma services of other designated trauma centers in the Bay Area; and,

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 14-01 (Cont'd.)

WHEREAS, optimal care for critically injured young children requires timely access to advanced pediatric trauma care; and,

WHEREAS, systematic, standardized data collection, analysis and reporting from trauma system participants, including the EMS Section, primary injury prevention programs, pre-hospital care providers, the Trauma Center at San Francisco General Hospital, community hospitals that treat injured patients, and rehabilitative care providers, support ongoing evaluation and improvement of the San Francisco Trauma Care System; and,

WHEREAS, the EMS Section of the City and County of San Francisco Department of Public Health revised and updated the 1990 San Francisco Trauma Care System Plan with input from the San Francisco healthcare professional community; and,

WHEREAS, the 2001 San Francisco Trauma Care System Plan objectives modify the San Francisco Trauma Care System organizational structure to provide better oversight of the system, guidelines for the assessment of trauma system vulnerabilities and a structure for implementation of solutions developed after careful, systematic evaluations; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco approves the 2001 San Francisco Trauma Care System Plan and specifically supports the following actions:

1) The establishment of the multi-disciplinary, multi-departmental Trauma System Audit Committee and Regional Trauma Medical Audit Committee,

2) The establishment of a standardized trauma system data collection, analysis and reporting process that will be used to develop injury prevention efforts, ongoing trauma system improvements and systematic evaluation of the Trauma Care System Plan implementation,

3) A thorough, objective evaluation of the need for and feasibility of consistently available air medical access at the San Francisco General Hospital,

4) The establishment of policies to ensure consistently available comprehensive care for pediatric trauma patients, and

5) The ongoing pursuit of regional trauma system relationships to maximize the use of trauma research, education, prevention, and patient care resources.

I hereby certify that the Health Commission at its meeting of August 7, 2001 adopted the foregoing resolution.

Michele M. Olson
Health Commission Secretary

Community Health Network Urgent Care Services Update

Presentation to the Health Commission on August 7, 2001

by David Ofman, MD
Medical Director, Primary Care Services

Susan Obata, MD
Medical Director, Urgent Care Services

1

Included in the Update are:

- History
- Goals
- Scope of Services
- Current Utilization Data
- Future Direction and Recommendations

3

History

- In early 1998, Urgent Care Task Force was formed as a joint project of CHN Primary Care and Emergency Services
- The task force's goal was to better integrate urgent care into the continuum of primary care and to strengthen the relationship between the community primary care system and hospital-based services.
- Task Force's membership included representation by administrative, nursing and provider staff from CHN Emergency Services, Community Primary Care, and SFGHMC Campus Primary Care.

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History (continued)

- Through the findings of a needs assessment conducted by COPC and guidelines from Emergency Services, the task force determined scope of service and staffing requirements.
- From October through December 1998, the needed staff was hired and trained and clinic plans were finalized.
- The Adult Urgent Care Center officially opened on January 5, 1999 on the 6th Floor of San Francisco General Hospital and Medical Center.

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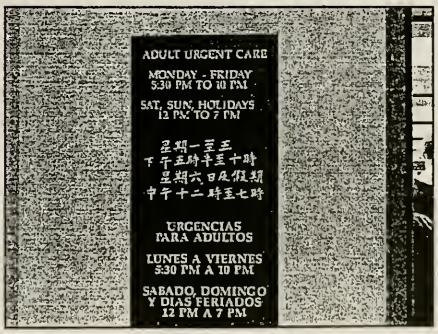


Goals

- To provide after hours care for Community Health Network patients who cannot access limited community health centers' evening/weekend hours
- Augments the services provided by the San Francisco General Hospital and Medical Center Emergency Department
- Maintains a commitment to access for all residents by eliminating financial, linguistic, physical and operational barriers
- Provides quality services that treat illness
- Promote and sustain wellness
- Prevent the spread of disease, injury and disability

7

Scope of Services

- Provides daily, after hours, adult urgent care services; Monday- Friday 5:30 pm - 11pm, Saturday, Sunday, Holiday (12noon-8 pm)
- Patients served include CHN patients including those who present to the Emergency Department, Patient Referral, Specialty Clinics, and patients from SFCCC and San Francisco City College Student Health Clinic
- Medical staff provide the full range of adult urgent care services involving:
  - Respiratory, cardiovascular, gastrointestinal, gynecological, orthopedic, neurological, dermatological systems, infectious diseases, and a limited number of outpatient clinic procedures.

8

Scope of Services (continued)

- Referrals are based on triage criteria which includes:
  - patients with acute and chronic diseases, excluding those who may require a different level of care
  - Medical and surgical specialty consultation services and laboratory and radiographic services are available through SFGHMC
- For those patients without a primary care provider, the UCC facilitates access to primary care services.

9

Staffing

- For each clinic session:
  - 1 Attending Physician
  - 1 Nurse Practitioner or 1 Family Practice PGY3
  - 2 RNs or 1 RN and 1 Medical Assistant
  - 1 Registration Clerk
  - 1 Institutional Police Officer
- Languages spoken by staff:
  - Spanish
  - Cantonese
  - Tagalog

10

Space

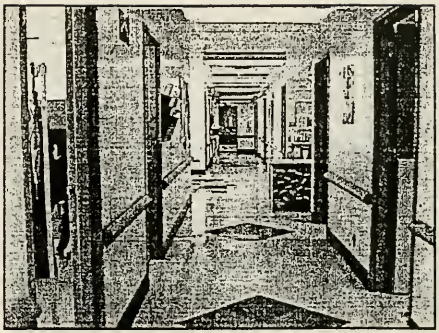
(Utilized by Pediatric Continuity Clinic during the day)

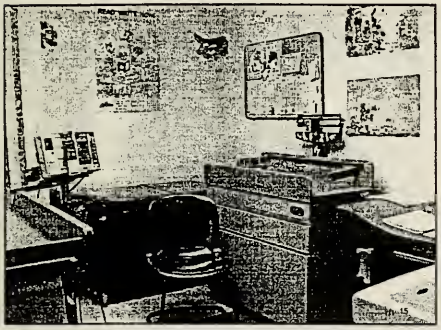
- Triage Rooms: 1
- Examination Rooms: 4
- Treatment Rooms: 1

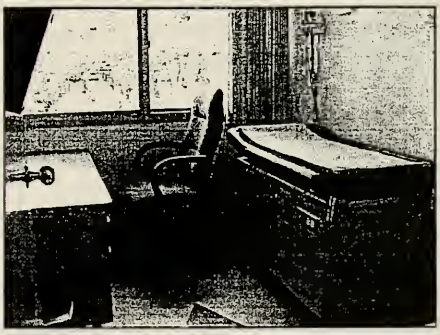
Registration Area shared with Pediatric Registration

- Waiting Area: 20 people

13







Utilization Data
July 2000 through June 2001

- Total number of patients
- Average number of patients per month: 889

Patients Referred From	Weekdays	Weekends
CHN Clinics	10-20%	5%
Emergency Department	30-40%	80%
Patient Referral	40-50%	10%
Self-Referral	10-20%	5%

18

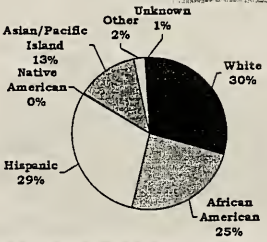
(Continuation of Utilization Data)
Sex

20

(Continuation of Utilization Data)
Age Range

21

(Continuation of Utilization Data)
Ethnicity



22

(Continuation of Utilization Data)
Housing

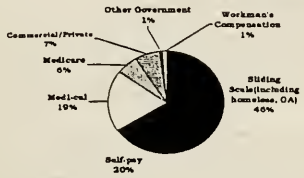
23

(Continuation of Utilization Data)
Top 5 Zip Codes of Residence

1) Mission District
2) Excelsior/Ingleside
3) Bayview/Hunter's Point
4) Visitacion Valley
5) South of Market

24

(Continuation of Utilization Data) Financial Class



25

(Continuation of Utilization Data)

- **Top 10 Most Common Acute Categories**
  - 1) Musculoskeletal
  - 2) Upper Respiratory
  - 3) Gastrointestinal
  - 4) Genitourinary
  - 5) Dermatological
  - 6) Lower Respiratory
  - 7) Minor Trauma
  - 8) Neurological
  - 9) Cardiovascular
  - 10) Dental

26

(Continuation of Utilization Data)

- **Top 5 Chronic Diseases:**
  - Museuloskeletal Problems
  - Hypertension
  - Diabetes
  - Asthma
  - Chronic Allergies
- **Hospital Admissions from Urgent Care**
  - 3 per month
- **Patients Referred to the Emergency Room or Psychiatric Emergency Services**
  - 4 per week

27

(Continuation of Utilization Data)

Primary Care

- **Patients with primary care*: 20%**
  (*patients who, at the time of visit, receive primary care which differs from patients assigned a primary care clinic/provider)
- **Patients without primary care who are referred for primary care: 90%**
- **Patients without previous primary care who later obtain primary care: 15%**

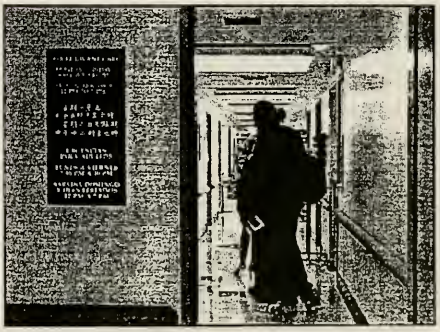
28

Urgent Care Issues

There are a number of reasons for the increasing waiting times/need:

- **Primary care capacity:**
  - Primary care clinics do not have the capacity to both provide urgent and continuity of care to their patients during normal clinic hours.
- **Growing numbers of uninsured/underinsured:**
  - Patient who have lost their jobs or changed jobs and no longer have health insurance
  - New immigrants with acute or chronic medical problems often neglected in their own countries due to little access to medical care.

29



Urgent Care Issues (continued)

- **Work Constraints:**
  - Urgent care which is open evenings and weekends becomes the only source of health care for either acute or chronic diseases for those patients whose jobs do not allow for sick days or medical appointments
- **Limited Access to Urgent Care Facilities in S.F.:**
  - The CHN UCC is the only urgent care clinic open to all patients in San Francisco every day including weekends and holidays.

31

Urgent Care Issues (continued)

- **Increasing Acuity of Patients Seen:**
  - Increase in the numbers of patients with complex medical problems, dual or triple diagnoses, and patients who because they do not have health insurance or funds to cover medications, delay medical care.
  - Caring for these patients often requires more time and work-up, delaying care of other, less acute patients.
- **Patients Requiring Case Management:**
  - Many patients frequently utilize the urgent care and emergency services when their needs could be better met by primary care, psychiatric care, substance use counselors/treatment, and/or social workers (homeless, jobless, financial, domestic problems).

32

Future Direction & Recommendations

- **Reconfiguration of Services:**
  - Though most of the CHN clinics offer urgent care services, a reconfiguration of services may more efficiently provide care. For example, providing more urgent care times on Mondays and Fridays and less primary care.
- **Patient Education:**
  - Many of the CHN patients are unaware of clinic procedures for medication refills, the on-call physician system, social work or substance use services within each of the primary care clinics.
  - Patients from outside the City and County of San Francisco are often misinformed regarding receiving health care in the CHN system.

33

Future Direction & Recommendations (continued)

- ***(Continuation of Patient Education)***
  - Having an urgent care center public health nurse to assist new patients in accessing primary care either in San Francisco or in other counties would reinforce the patient's connection with primary care.
- **Opportunities for Primary Care Providers to Work at the Urgent Care Center:**
  - Patients are more inclined to visit a provider they have already seen in urgent care rather than keep an patient appointment with an unknown provider.
  - A rotating system of primary care providers in UCC would facilitate new patients getting primary care.

34

Future Direction & Recommendations (continued)

- **Case Management for High Utilizers:**
  - The ED has a case management program for patients who frequently, but unnecessarily use emergency facilities. This program could be broadened to include patients who frequently use urgent care with interfaces to existing substance use, mental health, housing and job services.
- **Expansion of Urgent Care Center Services:**
  - Expand Hours of operation to 8 or 12 hours would enable UCC to care for the ED referrals during the day.
  - Extended hours and increased examination and treatment areas, would allow urgent care to treat more types of patients (i.e. requiring IV hydration, specialty consultation exams, substance use counseling).
  - Expansion would require larger and permanent space to accommodate more patients and urgent care staff

35

Closing Remarks

The Community Health Network has successfully planned, opened and continues to operate an Adult Urgent Care Center which has met the needs of its community; however the demand for urgent care continues to grow and we need to respond by changing and augmenting services.

36

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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President

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Vice President

Arthur M. Jackson
Commissioner

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AGENDA

HEALTH COMMISSION MEETING

August 21, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:30 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 7, 2001**
**Minutes of August 7, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-AB75 CHIP Application** – Request for approval to accept and expend retroactively a grant allocation in the amount of up to $4,826,945 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 2001-02.
**Calendaring request memo, Grant information form, Budget pages, Demographic formation form*

(3.2) **PHP-AIDS Office** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC) in the amount of $339,019 to provide HIV prevention services, for the period of July 1, 2001 through June 30, 2002. (DPH contracted with HAFC for services totaling $8,591,737 during FY 2000-01).
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **CHN-SFGH Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,050,000: HRN Services, Inc., Nurse Providers, Inc. and United Nursing International. A combined total amount of $787,500 to provide supplemental, temporary per diem nursing personnel services and a combined total amount of $262,500 to provide supplemental, temporary traveling nursing personnel services, for the period of September 1, 2001 through August 31, 2002.
** Calendaring request memo, Rate information page, Monitoring report summaries*

(3.4) CHN-Office of Managed Care – Request for approval of a new retroactive contract with San Francisco Health Plan in the amount of $2,346,925 to provide universal health insurance services targeting San Francisco children, for the period of July 1, 2001 through June 2002.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF AUGUST**
**List of Awardees*

6) **FOR DISCUSSION AND PROPOSED ACTION:** **CONSIDERATION OF A RESOLUTION SUPPORTING SAN FRANCISCO'S COMMUNITY HEALTH CLINICS AND PROCLAIMING AUGUST 19-25, 2001 AS "COMMUNITY HEALTH CLINICS WEEK"**
**Proposed Resolution*

7) **FOR DISCUSSION AND PROPOSED ACTION:** **YEAR END EXPENDITURE REPORT 2000-01**
(Monique Zmuda, DPH, Chief Financial Officer)
**Report*

8) **FOR DISCUSSION AND PROPOSED ACTION:** **CONTINUUM OF CARE FOR INJECTION DRUG USERS IN SAN FRANCISCO**
(Barbara Garcia, PHP Director)
**Report*

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna-Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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MINUTES

HEALTH COMMISSION MEETING

August 21, 2001
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by President Roma P. Guy, MSW, at 3:10 p.m.

Present: President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sánchez, Jr., Ph.D.

Absent: Vice President Edward A. Chow, M.D.
Commissioner Lee Ann Monfredini
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 7, 2001

Action Taken: The Commission (Guy, Jackson, Parker, Sánchez) approved the minutes of August 7, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Jackson attended, the Budget Committee.

(3.1) **PHP-AB 75 CHIP Application** – Request for approval to accept and expend retroactively a grant allocation in the amount of up to $4,826,945 from the State Department of Health Services, through its California Healthcare for Indigents Program (CHIP), to provide reimbursement for health services delivered to indigent persons for the term FY 2001-02.

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Commissioners' Comments

- Commissioner Jackson asked where venue based individuals outreach services take place. Cheryl Foston and Tracy Douglas Neil, both from Haight Ashbury Free Clinics, responded that they have done venue-based events with New Leaf, the Women's Building, and Ark of Refuge, among others.

(3.3) **CHN-SFGH Nursing Operations** – Request for approval of contract renewals with the following firms for a combined total of $1,050,000: HRN Services, Inc., Nurse Providers, Inc. and United Nursing International. A combined total amount of $787,500 to provide supplemental, temporary per diem nursing personnel services and a combined total amount of $262,500 to provide supplemental, temporary traveling nursing personnel services, for the period of September 1, 2001 through August 31, 2002.

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Commissioners' Comments

- Commissioner Sánchez stated that this is one of the most critical demonstration projects the Health Department is undertaking, and it represents a fantastic opportunity for the Department to work with teachers and school administrators at the school site. Commissioner Sánchez then introduced Jean Fraser, Director of the San Francisco Health Plan. Ms. Fraser stated that all of the entities involved will be able to convey a simple message to families, children and teachers: San Francisco is committed to providing health care to every child.

- Commissioner Guy said that Universal Health Insurance for Children is a breakthrough program. Commissioner Guy stated that there have been challenges in enrolling eligible children in the Healthy Families Programs, and that these challenges will exist with this effort as well. She asked that as this program progresses, the San Francisco Health Plan communicate with the staff and the Commission what is working and what is not in terms of outreach and enrollment.

Action Taken: The Commission (Guy, Jackson, Parker, Sánchez) approved the Consent Calendar of the Budget Committee

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

Director's Visit

Diana Bontá, Dr.P.H., Director of the California Department of Health Services, will visit San Francisco later this week and meet with local health officials. Dr. Katz will personally escort Dr. Bontá on a tour of Laguna Honda and San Francisco General Hospitals. Dr. Katz will take the opportunity to highlight a number of programs and issues for her, including the ISIS Clinic, Emergency Room overcrowding and the LHH Community Transition Program. In addition, she will be meeting with the Hospital Council and Consortium Clinic members to discuss reimbursement rates and integration of physical and behavioral health services.

Possible Reduction to Federal MediCal for SFGH in FY 2001-02

Department of Public Health staff have been actively involved in advocating against a rule being developed by the Federal Centers for Medicare and Medicaid Services that would result in lower emergency services supplemental funding for California's public hospitals. The current rule, called the Upper Payment Limit (UPL), provides that public hospitals and health systems may in the aggregate receive Medicaid payments up to 150 percent of what Medicare would otherwise pay for similar services. However, to eliminate abuses of this rule that are occurring in several States other than California, the Administration is proposing to lower this limit to 100 percent. For San Francisco General Hospital, approximately $22 million of the hospital's SB 1255 and MediCal GME payments would be subject to this new rule and it could result in a loss of more than $10 million for the hospital. Staff is working closely with the City's federal lobbyist, the National Association of Public Hospitals and the California Association of Public Hospitals to prevent this proposed rule from being implemented and to mitigate the impact of any new rule on California. The Department will keep the Commission informed of any final decisions or changes to the projected revenues over the next few months.

Capp Street Fire

A fire broke out at 4:15 a.m. August 16th at Capp and 20th Streets, destroying five residential buildings. An eight year old boy smelled the smoke and alerted his parents who woke up the surrounding neighbors. Seventy-five individuals (7 children) lost their homes and possessions in the fire. The EMS section was notified of the fire and the DPH response team was activated. No injuries were reported and it appears there are no serious health issues. Most of the tenants were monolingual Spanish speakers, so, both DPH and DHS called on bilingual staff resources for follow-up casework. Red Cross established a service center at 580 Capp Street; and all victims were vouchered into hotels. The challenge now for the City response team is to find alternative housing for the victims.

Treatment on Demand Funds

CSAS has received $1,105,000 from CSAT to fund three special programs developed in response to Treatment on Demand:

- OBOAT (Office Based Opiate Addiction Treatment). This is a one-year pilot program, which will provide treatment of opiate dependence by physicians, counselors, and pharmacists working from their regular clinical practices. These treatment providers may be based in hospitals, in medical clinics, or in private practice. Treatment sites participating in the program will include City-run health centers, the City and County of San Francisco jail health services, local methadone clinics, and community pharmacies. This program seeks to supplement the current 2500-methadone maintenance slots in local methadone clinics. One hundred patients will receive treatment through this pilot program.

- Funds will also support the Pharmacotherapy Project, which builds upon an existing provider education initiative designed to increase the use of pharmacotherapy in substance abuse treatment programs. The project will provide funding for indigent and low-income patients to access medications prescribed as a component of their substance abuse treatment plan.

- Funds will also support the continuation of the on-going TOD evaluation.

Medically Supported Detox

San Francisco now has three medically supported detoxes in operation within the City and County of San Francisco. Capacity has increased by 200% after the recent openings. The Fremont Street Detox, operated by Baker Places, Inc., opened on April 23 (capacity 16), and the Howard Street Detox, operated by St. Vincent de Paul in partnership with the CHN, opened June 25, 2001 (capacity 20.)

The Howard Street Detox converted some of its social model detox beds to medically supported status, signifying a strong relationship between the St. Vincent de Paul Society and the CHN in transforming one of the City's long established detox facilities into one that provides medical overlay. The two new facilities complement the existing Baker Places 4th Avenue Detox, opened in 1995, with a current static capacity of 10.

2001 National HIV Conference

Seven STD Program abstracts were accepted for presentation at the 2001 National HIV Conference in Atlanta, Georgia. The abstracts were as follows:

1. *Wanted a Few Good Young People; Sustaining a Youth Peer-Led HIV Prevention Program*
2. *Sexually Transmitted Disease Screening in an Anonymous HIV Testing Site*
3. *Higher Levels of Drug Use and Patterns of Anonymous Sex Among MSM Diagnosed with Rectal Gonorrhea in SF, 2000*
4. *Higher Levels of STDs and Risk Behavior Among Men Using Viagra, SF 2000-2001*
5. *Learning the Ropes: Training Community Based Agencies to Integrate and Conduct STD Screening in HIV Prevention Programs*
6. *Sex Worker Health, San Francisco Style: A Peer Based Specialty Clinic in San Francisco*
7. *Are HIV Drug Advertisements Contributing to Increases in Risk Behavior Among Men in San Francisco?*

Several programs within the STD unit have been featured this past month on web sites and national newsletters for their innovative programs.

CHN/SFGH Medical Staff Credentialing Report
(From August 13 to August 21, 2001)

	08/01	2001 YTD
New Appointments	6	42
Reinstatements	0	5
Reappointments	43	285
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	29	126
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	2	15
Voluntary Relinquishments	2	14
Proctorship Completed	44	114

Commissioners' Comments

- Commissioner Guy congratulated the Department on receiving funds for the Office Based Opiate Treatment (OBOAT) proposal, and the establishment of three medically supported detoxes in the community. Commissioner Guy acknowledged the work of the staff who took the policy direction of the Health Commission and developed programs that have been successful.

- Commissioner Parker asked how many residential units were involved in the Capp Street fire. Anne Kronenberg responded that there were 13 residential units.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF AUGUST**

Action Taken: The Commission (Guy, Jackson, Parker, Sánchez) continued the presentation of the Employee Recognition Awards for the month of August to the September 4, 2001 Health Commission meeting.

6) **RESOLUTION SUPPORTING SAN FRANCISCO'S COMMUNITY HEALTH CLINICS AND DECLARING AUGUST 19-25, 2001 AS "COMMUNITY HEALTH CLINICS WEEK"**

Barbara Garcia presented the resolution commending San Francisco's Community Health Centers, and stated that they are essential to providing health care services in San Francisco, and complement the good work of the Department of Public Health's Health Centers.

Dick Hodgson, Director of Policy and Planning for the Community Clinic Consortium thanked the Commission for the resolution.

Mr. John Gressman, Executive Director of the Community Clinic Consortium, also thanked the Commission, and said that the partnership between the Consortium and the Department of Public Health has been a success.

Commissioners' Comments

- Commissioner Sánchez stated that community clinics are a critical part of the safety net, and the partnership with the Community Clinic Consortium is one of the unique elements of San Francisco's health care delivery system.

- Commissioner Guy commended Mr. Gressman for his leadership over the past years in bringing the community clinics together and his contribution to strengthening the safety net.

Public Comment

Elizabeth Frantes stated that she did not receive good care at the community clinic she went to.

Action Taken: The Commission (Guy, Jackson, Parker, Sanchez) unanimously approved Resolution #15-01, titled "Supporting San Francisco's Community Health Centers and Declaring August 19-25, 2001 as "Community Health Centers Week" (Attachment A).

7) **YEAR END EXPENDITURE REPORT 2000-01**
(Monique Zmuda, DPH, Chief Financial Officer)

Monique Zmuda, Chief Financial Officer, presented the Revenue and Expenditure Report for the 4th Quarter of Fiscal Year 2000-2001. The report presents the preliminary estimates on the year-end financial projection of revenues and expenditures for the Department of Public Health for Fiscal Year 2000-2001. Based on this data, the Department of Public Health is projecting a year-end surplus of $19.8 million. This surplus represents 2% of the $956 million adjusted budget of FY 2000-2001.

Projected FY 2000-01 Year-End Surplus/Deficit Table

Division	REVENUES Revised Budget	REVENUES Current Projection	REVENUES Surplus/ (Deficit)	EXPENDITURES Revised Budget	EXPENDITURES Current Projection	EXPENDITURES Surplus/ (Deficit)	TOTAL Surplus/ (Deficit)
Community Health Network							
SFGH	$ 452,599,033	$ 428,090,059	$ (24,508,974)	$ 452,599,033	$ 424,344,275	$ 28,254,758	$ 3,745,784
Laguna Honda	131,535,926	137,554,968	$ 6,019,042	$ 131,535,926	133,194,599	(1,658,673)	4,360,369
Primary Care	42,912,030	41,087,710	(1,824,320)	$ 42,912,030	41,639,750	1,272,280	(552,040)
Health at Home	4,632,724	4,263,681	(369,043)	$ 4,632,724	3,865,704	767,020	397,977
Jail Health	22,254,854	22,116,950	(137,904)	$ 22,254,854	23,406,495	(1,151,641)	(1,289,545)
CHN Total	653,934,567	633,113,368	(20,821,199)	653,934,567	626,450,823	27,483,744	6,662,545
Population Health & Prevention							
Central Admin	18,357,663	19,605,480	$ 1,247,817	18,357,663	17,883,444	474,219	1,722,036
Community Health	61,782,309	65,692,507	3,910,198	61,782,309	59,931,037	1,851,272	5,761,470
Mental Health	155,147,379	152,921,255	(2,226,124)	155,147,379	149,435,730	5,711,649	3,485,525
Substance Abuse	53,998,886	54,720,446	721,560	53,998,886	52,569,026	1,429,860	2,151,420
Subtotal	289,286,237	292,939,688	3,653,451	289,286,237	279,819,237	9,467,000	13,120,451
DPH subtotal	943,220,804	926,053,056	(17,167,748)	943,220,804	906,270,060	36,950,744	19,782,996
IGT Payment Adjustment		30,228,856	30,228,856		30,228,856	(30,228,856)	0
DPH TOTAL (adjusted)	943,220,804	956,281,912	13,061,108	943,220,804	936,498,916	6,721,888	19,782,996

Ms. Zmuda stated that the surplus is primarily due to three factors. First, the Disproportionate Share Hospital (DSH) program ended the year with $6.8 million over the budgeted amount. Second, a $4.5 million Federal MediCal match for Laguna Honda Hospital. And third, $4.7 million in additional realignment funds.

Ms. Zmuda stated that since the report was completed, she met with the Controller's staff and discussed a potential $2.5 million grant disallowance in PHP retroactive to fiscal year 1991-92. The Controller has agreed to let the Department set aside $2.5 million of the surplus in the event the Department is unsuccessful in its appeal of the disallowance. Subsequently, the Department projects that the year-end close will result in the return of up to $17 million to the City and County General Fund.

Commissioners' Comments

- Commissioner Parker asked for a breakdown of the money that has been set aside for past years' risks and liabilities. Ms. Zmuda provided the following breakdown: In Mental Health, $3 million for a FY 1994-95 disallowance and almost $2 million for the subsequent year that has not yet been audited but will likely be disallowed; $1.2 million assumption of payback for State-funded TB program; and $2.5 million for the fiscal year 1991-92 grant disallowance. If these funds are not used, they are returned to the General Fund. Commissioner Parker then asked if there is any way to predict what will happen to the surplus money that is returned to the General Fund. Ms. Zmuda responded that the Mayor and the Board of Supervisors will make the decision how to appropriate these funds.

8) **CONTINUUM OF CARE FOR INJECTION DRUG USERS IN SAN FRANCISCO**
(Barbara Garcia, PHP Director)

Barbara Garcia, Deputy Director for Community Programs, began the presentation by acknowledging Gene O'Connell, Dr. Josh Bamberger, Dr. David Young and Dr. Hobart Harris for their leadership in the development of the ISIS Clinic and the community needle exchange programs. Ms. Garcia also recognized the Treatment on Demand Planning Council and the Heroin Subcommittee, which provided critical input. Ms. Garcia stated that the focus of today's presentation was on soft tissue infections and the Department's innovative approach to prevention and treatment. Future Health Commission

presentations will address other health effects of injection drug use, including overdose prevention, addiction, and HIV/HCV infection, and the Department's responses to these health effects.

Dr. Josh Bamberger, the Medical Director of Housing and Urban Health, continued the presentation by providing background on soft tissue infections in San Francisco. Soft tissue infections accounted for approximately 3,000 Emergency Department visits, 2,400 admissions and 1,000 Operating Room cases annually.

Dr. Bamberger said that the Department started two soft tissue infection initiatives: expansion of medical care at needle exchange sites and opening the ISIS clinic.

Medical Care at Needle Exchange Sites

- Soft tissue infection treatment is provided at 13 of the 15 needle exchange sites.
- On average, 70 unduplicated clients are cared for each week. In addition, a full range of urgent care services is provided at the sites.
- Services are provided as a collaboration between the Department of Public Health, Haight Ashbury Free Clinics, and UCSF.

Dr. Bamberger stated that the next steps for the community needle exchange program include expanding to provide medical services at all needle exchange sites, integrating Hepatitis C prevention services and drug addiction referrals to services provided, and providing urgent care services at Mission Resource Center.

ISIS

Dr. David Young presented the Integrated Soft Tissue Infection Services (ISIS) Clinic.
Dr. Young stated that the basic goal of the program is to provide compassionate, efficient and cost-effective care to patients with soft tissue infections in a user-friendly, non-judgmental environment. ISIS is staffed by attending surgeons, nurses, substance abuse counselors, social workers, pain management specialists, rehabilitation therapists and other ancillary services.

Dr. Young stated that majority of patients are heroin users. At the time that these patients were seen at the clinic with their infection, 23 percent were on methadone. Dr. Young continued that the remainder of the patients was not on methadone, but when asked if they would like to be 74 percent said yes. Only 3% refused methadone treatment.

Dr. Young stated that the majority of the patients come from the Emergency Department, and the second largest number are walk-ins, which indicates to staff that the clinic is a success.

Dr. Young presented graphs that showed the impact of the ISIS Clinic on hospital admissions, operating room volume and Emergency Department visits. Dr. Young stated that prior to the inception of ISIS, soft tissue infections accounted for 500-600 bed-days per months. After the opening of the clinic, this has dropped to half that amount. In addition, after the opening of the ISIS Clinic, there are less than 20 cases a month in the operating room, which has decompressed the operating room. Dr. Young continued that, with regard to the impact on the Emergency Department, there has been a decrease in visits of several thousand visits a year, which directly correlates with the number of procedures done in the ISIS clinic.

Dr. Young then discussed the substance abuse counseling component of the ISIS program. Over 1,000 patients were referred to methadone detox programs, and 310 enrolled in the San Francisco General

Hospital program. The ISIS Clinic budget includes 30 Methadone maintenance slots, and 33 patients have been enrolled.

Dr. Young presented the following conclusions:

- ISIS is successful and exceeds twice the estimated patient volume.
- To maintain this effort, ISIS needs:
  - More space
  - More nursing staff
  - Additional funding

Commissioners' Comments

- Commissioner Guy stated that this program is the result of the Department of Public Health being willing to take risks. She asked if the ISIS Clinic experiences peak hours. Dr. Hobart Harris responded that there is no way to predict when the busy times will be. Commissioner Guy then recommended that there should be further discussions about these programs, and their future needs, at the Community Health Network Joint Conference Committee.

- Commissioner Sánchez congratulated the team. He then asked how, if the program expands, the Department could disseminate the important health information to communities who are at greater risk. Commissioner Sánchez suggested that the information be given to teachers, counselors, and school children.

- Commissioner Jackson asked if San Francisco's Health Department is unique in its patient focussed approach to health care. Dr. Katz responded that, while San Francisco is not unique, the Commission has supported access to services and cultural competency that lead to the best models.

Public Comment

Colin Eaton, Chairperson for of the Treatment on Demand Planning Council's Heroin Committee, said that the Heroin Committee met once a month for six months and developed recommendations related to health consequences of heroin use, including: overdose prevention, Hepatitis C, and soft tissue wound treatment. Mr. Eaton conveyed the Heroin Committees' thanks to the Department of Public Health for its dedication to responding to the committee's recommendation.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 4:30 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-01

SUPPORTING SAN FRANCISCO'S COMMUNITY HEALTH CENTERS AND DECLARING AUGUST 19-25, 2001 COMMUNITY HEALTH CENTERS WEEK

WHEREAS, community health centers are a critical component of San Francisco's health care safety net and provide essential health services to San Franciscans; and,

WHEREAS, the partnership between the San Francisco Community Clinic Consortium and the Department of Public Health ensures that thousands of San Franciscans have access to culturally competent, quality primary care services; and,

WHEREAS, the San Francisco Community Clinic Consortium's non-profit, neighborhood-based Partner Community Health Centers have been providing culturally and linguistically appropriate primary and preventive health care services to San Francisco's diverse communities for over 30 years; and,

WHEREAS, the San Francisco Community Clinic Consortium's 11 Partner Community Health Center sites provide 240,000 ambulatory care visits to 60,000 indigent, uninsured and underinsured San Franciscans per year

Haight Ashbury Free Medical Clinic
Lyon-Martin Women's Health Services
Native American Health Center
North East Medical Services
North East Medical Services - Leland Avenue
North of Market Senior Services
Mission Neighborhood Health Center
Mission Neighborhood Health Center - Excelsior Clinic
Saint Anthony Free Medical Clinic
San Francisco Free Clinic
South of Market Health Center

WHEREAS, Congress has declared August 19-25, 2001 to be National Community Health Centers Week to honor the services community health centers provide nationwide; and,

WHEREAS, the San Francisco Board of Supervisors has declared this week in August of each year to be Community Health Centers Week in San Francisco; now, therefore, be it

RESOLVED, that the Health Commission of the City and County of San Francisco recognizes the San Francisco Community Clinic Consortium's Partner Community Health Centers and other non-profit Community Clinics for their decades of dedicated service to improving the health and well-being of San Franciscans; and, be it

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO

RESOLUTION NO. 15-01 (Cont'd.)

FURTHER RESOLVED, that the Health Commission of the City and County of San Francisco declares August 19-25, 2001 "Community Health Centers Week" in San Francisco.

I hereby certify that the Health Commission at its meeting of August 21, 2001 adopted the foregoing resolution.

Michele M. Olson
Executive Secretary to
the Health Commission

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Artur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

TEL: (415) 554-2666
FAX: (415) 554-2665
Web Site: http//www.dph.sf.ca.us

AGENDA

HEALTH COMMISSION MEETING

September 4, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 21, 2001**
**Minutes of August 21, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **DPH-Administration** – Annual Report of Gifts Received in FY 2000-01.
**Calendaring request memo/Summary of Gifts.*

(3.2) **CHN-Primary Care** – Request for approval of a four-year contract with the Bar Association of San Francisco Volunteer Legal Services Program, to provide SSI advocacy and overall administration of the Homeless Advocacy Program, in the amount of $445,808, for the period of July 1, 2001 through June 30, 2005.
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.3) **PHP-CSAS** – Request for approval to accept and expend retroactively a Center for Substance Abuse Treatment grant in the amount of $1,105,000, to expand and evaluate substance abuse treatment services, for the period of August 1, 2001 through July 31, 2002, with a sole source contract with the Regents of the University of California San Francisco for $177,300 for evaluation services for the same period.
**Calendaring request memo, Grant information form, Budget page*

(3.4) **PHP-AIDS Office** – Request for approval of a contract renewal with Shanti Project in the amount of $395,324, to provide emotional and practical support services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Client demographic information form*

(3.5) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation HIV Prevention Project, in the amount of $585,782, to provide HIV prevention and needle exchange services, for the period of July 1, 2001 through June 30, 2002.
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.6) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation in the amount of $135,988, to provide HIV Prevention Telephone Hotline services, for the period of July 1, 2001 through June 30, 2002.
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.7) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation, in the amount of $744,880, to provide client advocacy and financial benefits services, for the period of July 1, 2001 through June 30, 2002.
**Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.8) **PHP-AIDS Office** – Request for approval of a sole source and new contract with Better World Advertising, in the amount of $337,707, to provide a social marketing and media campaign for HIV testing, for the period of September 1, 2001 through December 31, 2001.
**Calendaring request memo*

(3.9) **PHP-AIDS Office** – Request for approval of a contract modification with Better World Advertising, in the amount of $250,000, to provide services for the 'HIV Stops with Me' campaign, for the period of January 1, 2001 through December 31, 2001, bringing the contract total to $307,000 for the year.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department, and may include activities within the Community Health Network and Population Health and Prevention Divisions).
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF AUGUST**
**List of Awardees*

6) **FOR DISCUSSION:** **MEDICAL MARIJUANA PROGRAM UPDATE**
(Colleen Johnson, Acting Director, Policy and Planning)
**Update*

7) **FOR DISCUSSION:** **NURSE WORKFORCE RETENTION AND RECRUITMENT REPORT**
(Gene O'Connell, Executive Administrator, SFGH)
**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS****

9) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of $15,000 in the David Wellhausen v. CCSF, Superior Court, Case #303-115

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

September 4, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by President Roma P. Guy, M.S.W., at 3:05 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF AUGUST 21, 2001

Action Taken: The Commission approved the minutes of August 21, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioner Monfredini and Commissioner Jackson attended, the Budget Committee meeting.

(3.1) **DPH-Administration** – Annual Report of Gifts Received in FY 2000-01

(3.2) **CHN-Primary Care** – Request for approval of a four-year contract with the Bar Association of San Francisco Volunteer Legal Services program to provide SSI advocacy and overall administration of the Homeless Advocacy Program, in the amount of $445,808, for the period of July 1, 2001 through June 30, 2005.

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Commissioner Sanchez abstained on this item.

(3.4) **PHP-AIDS Office** – Request for approval of a contract renewal with Shanti Project in the amount of $395,324, to provide emotional and practical support services, for the period of July 1, 2001 through June 30, 2002.

(3.5) **PHP-AIDS Office** – Request for approval of a contract renewal with San Francisco AIDS Foundation HIV Prevention Project in the amount of $585,782, to provide HIV prevention and needle exchange services, for the period of July 1, 2001 through June 30, 2002.

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Commissioners' Comments

- With regard to agenda items 3.8 and 3.9, Commissioner Monfredini asked during the Budget Committee when outcome reports from the campaign efforts would be available. Commissioner Monfredini expressed concern that infection rates are increasing more quickly than anticipated, and wants to know if these efforts are working. Steven Tierney responded that it will take less than a year for the outcome report.

- Commissioner Sanchez stated that the advertising campaigns being developed by Better World Advertising will meet the needs of the Department's multi-lingual outreach efforts.

- Commissioner Chow asked if the contractors for agenda items 3.7, 3.8 and 3.9 had submitted the required cultural competency reports. Commissioner Sanchez responded that, at the Budget Committee, staff had said that the reports had been submitted.

- Commissioner Parker, commenting on the Annual Gift Report, gave special recognition to the volunteers at San Francisco General Hospital and Laguna Honda Hospital for their work and monetary donations over the years.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, with Commissioner Sanchez abstaining on Agenda Item 3.3.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

2001 Public Managerial Excellence Award Winners Announced
Dr. Katz announced that Marc Trotz, Director Housing and Urban Health is one of the five winners of this year's Public Managerial Excellence Awards for San Francisco City Managers. When he joined the Health Department four years ago, the conventional wisdom was that it was impossible to take people directly from long-term homelessness and place them in permanent housing. The concern was that people who had been homeless for a long time would be unable to adjust to living with others. Marc has proven that you can take people directly off the street and provide them with permanent housing, as long as you do so with supportive services. He has also proven that it can be done affordably. DPH congratulates Marc on this well deserved honor. Each winner will receive a monetary award, be highlighted in a video production sponsored by KPIX, Channel 5, and recognized at an Awards Luncheon on October 24 at the Westin St. Francis Hotel.

Hospital Seismic Safety Legislation
SB 842 (Speier), a key seismic safety relief bill, passed another committee hurdle last week. As the Commission knows, current seismic safety law requires hospitals to meet significant compliance milestones in 2008 and 2030. Seismic relief legislation last year extended the 2008 deadline to 2013 for hospitals meeting certain requirements. SB 842 would provide further relief by granting hospitals a five-year extension of 2008 requirements if they agree to meet 2030 requirements by 2013. SB 842 would also allow a five-year extension of the 2008 requirements by mutual agreement between the hospital and the Office of Statewide Health Planning and Development, in accordance with a work progress plan. SB 842 would become operative only if a hospital seismic safety bond bill is also enacted by the Legislature in 2001 and placed on the ballot in 2002. SB 717 (Speier), which would enact that bond measure, is currently on suspense in Assembly Appropriations. The Assembly Appropriations Committee must still pass SB 842 and then the full Assembly before it is presented to the Governor.

Fire Updates
A 3-alarm fire broke out Friday afternoon in a 37-unit four-story apartment building at the corner of Stanyan and Frederick Streets. DPH/EMS, DHS, the Mayor's Office on Homelessness, OES and Recreation and Parks were all on scene along with the Red Cross. The 46 residents were primarily younger, no frail elders, children or people with disabilities. Rec/Park opened Kezar Pavilion as a temporary reception center for residents. Some residents were vouchered into hotels, but for the most part were able to find temporary housing on their own initiative. The owner intends to repair the building as quickly as possible and reopen it to the tenants.

Good news was reported about the fire last month at Capp and 20th Streets. The City Team, with DHS caseworkers taking the lead role, has been successful in placing all but two of the original 15 families into new permanent housing. The Department will continue to work with the two remaining family groups.

Trauma Plan

Following are the comments from the California EMS Authority:

"This is to acknowledge receipt of the City and County of San Francisco Trauma Care System Plan 2001. You have the distinction of being the first agency to submit your plan as of the deadline and we appreciate your timeliness. A preliminary review of the plan indicates that it is generally consistent with the requirements of the California Code of Regulations. A detailed review of the plan will now be conducted and you may be contacted for additional information if necessary. The final decision regarding the plan will be submitted to you in writing."

Congratulations to our EMS team for a job well done!

Red Light Running Campaign

This is National STOP Red Light Running Week and the Department has a number of prevention activities planned with DPT, SFFD, SFPD and private ambulance companies.

The front of the building at 101 Grove St. has a "STOP on Red...You'll only kill a few seconds" banner hung across the entrance. Public service announcements will be running on several radio stations and on Thursday, staff from the STOP Red light Running campaign will distribute "RED means STOP" antenna balls to the public at noon on the corner of Polk and Grove Streets. Samples of the give-aways were given to the commissioners, who were encouraged to put the "I STOP FOR RED LIGHTS" bumper stickers on their vehicles.

Commissioners' Comments

- Commissioner Sanchez commended Dr. Katz for having invited Dr. Diana Bontá, Director of the California Department of Health Services, to spend three days in San Francisco. Commissioner Sanchez continued that it was astounding to see Dr. Bontá meet with San Francisco's communities, its non-profit agencies and Department staff, and really get an understanding of the needs of the community.

- Commissioner Umekubo asked for staff's assessment of whether or not Senate Bill (SB) 717 would be successful. Colleen Johnson, Acting Director of Policy and Planning, responded that there is motivation at the State level to get some seismic safety relief. However, because the State is having fiscal problems, legislative relief will be easier than monetary relief.

- Commissioner Chow asked for clarification about SB 717 being tied to Senate Bill (SB) 842, and if both needed to be approved by the Legislature to go forward. Ms. Johnson responded that if SB 842 is approved but SB 717 is not, then SB 842 would not go forward. However, the Legislature can amend the language in SB 842 to allow for SB 717 to be approved in 2002, rather than in 2001, as it currently states. Commissioner Chow then asked what the Department's position is on the extension offered by SB 842. Dr. Katz responded that the Department is going to proceed with the plan for San Francisco General Hospital regardless of the bill, because it is clear that the hospital needs to be replaced. However, Dr. Katz continued, a State bond measure would make financing a lot easier.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF AUGUST

Commissioner Monfredini presented the employee recognition awards.

Nominees	Division	Nominated by
Hector (Anthony) Almanza, Institutional Police Officer	CHN – SFGH, Institutional Police	Sgt. Craig Koss, Institutional Police, SFGH
Gerard (Jerry) Komp Supervising Pharmacist	CHN – SFGH, Pharmaceutical Services	Fred Hom and Sharon Kotabe, SFGH/CHN Directors, Pharmaceutical Services

6) MEDICAL MARIJUANA PROGRAM UPDATE
(Colleen Johnson, Acting Director, Policy and Planning)

Colleen Johnson, Acting Director of Policy and Planning, presented the Commissioners with an update on the Voluntary Medical Cannabis ID Card Program. The program has just completed its first year of operation.

Ms. Johnson provided the Commission with a brief background on the Voluntary Medical Cannabis ID Card Program. The program was developed as a result of Proposition 215, the Compassionate Use Act, which was approved by the voters in November 1996. The Health Commission passed resolutions in April 1997 and December 1999 strongly supporting implementation of the Compassionate Use Act and a voluntary medical cannabis identification card program, respectively. In May 2000, the Board of Supervisors passed an ordinance authorizing the Department of Public Health to issue the cards.

Ms. Johnson then detailed the process for participating in the program. Patients with a valid physician referral and designated caregivers are eligible for the program. Applicants can live in any of the following Bay Area counties: San Francisco, Sonoma, Marin, Napa, Santa Clara and San Mateo. Applicants must present a physician's statement, signed Medical Release Form, a photo identification card, proof of residence and payment in the amount of $25, for the costs associated with processing the card. Applications are submitted to and processed by the Vital Statistics Office. The authenticity of physician referral is verified, as is the physician's standing with the State Medical Board. Ms. Johnson said that applicants are often issued cards on the same day.

Ms. Johnson stated that the names, addresses and phone numbers of the applicants are not kept on file, and that all original documents are returned to the applicant. (Dr. Katz added later in the discussion that the Department also does not keep records of physicians who sign letters.)

According to Ms. Johnson, utilization of the program for the first year (July 1, 2000 through June 30, 2001) was as follows:

- 2,018 cards were issued. Of those, 1,749 were for patients, 269 were for caregivers
- 1,681 unique patients
- 262 unique caregivers

- Median term of each card: 23 months
- Most of the City's cannabis buyers' clubs required the DPH card

Ms. Johnson then described Laguna Honda Hospital's creation of an interdisciplinary task force to examine the use of medical cannabis at Laguna Honda, which is home to approximately 1,000 people. A pilot program was developed to enable patients to access their rights under Proposition 215 and use cannabis for medical purposes. The 90-day pilot program was just completed and is currently being assessed. Ms. Johnson added that, to make it easier for Laguna Honda residents to participate in the program, Vital Statistics' staff went to the facility on Saturdays to receive and process applications. Ms. Johnson stated that Laguna Honda Hospital is the only inpatient facility in the State to have such a program.

Ms. Johnson said that both the District Attorney's Office and the San Francisco Police Department are supportive of the program. In addition, Ms. Johnson said that State Senator John Vasconcellos has sponsored a bill, SB 187, which would create a statewide voluntary medical cannabis identification card program, which is modeled on San Francisco's program.

Ms. Johnson then described the next steps:

- Supervisor Mark Leno has called for a hearing at the Board of Supervisors, to take place in October
- Continued participation in Supervisor Leno's Task Force
- Continued advocacy for SB 187
- Further evaluation of the Voluntary Medical Cannabis ID Card Program

Commissioners' Comments

- Commissioner Monfredini is concerned that this card is valid for two years, and that this gives people a lot of time to duplicate cards. Ms. Johnson responded that the card is valid for the time period that the physician deems appropriate, which has an upper limit of two years. Also, the cards are designed so they cannot be reproduced. Ms. Johnson spoke with a sergeant at the Narcotics Division of the San Francisco Police Department who said he has not seen any reproductions.

- Commissioner Parker asked if there have been any problems getting physicians to participate, and what has been the physician's relationship with the patient beyond just writing the prescription. Dr. Katz responded that the Department does not require a physician to sign a letter he or she does not feel it is warranted. Dr. Katz knows of instances where doctors would not sign the letter.

- Commissioner Umekubo asked if there have there been any problems with forgery of physician letters. Ed Hernandez, Director of Records and Statistics, responded that he is aware of only one instance of this happening.

- Commissioner Chow asked about the Laguna Honda pilot project, specifically how the program is controlled at Laguna Honda, and if the medical orders include a prescription for the use of cannabis for medical purposes. Dr. Katz responded that staff has to deal with the fact that while Proposition 215 provides for access for compassionate use, it does not allow for medical professionals to write specific doses or having these doses administered by nursing staff. Staff has developed the program so that patients must have a signed recommendation from a

physician, which is commonly a Laguna Honda physician, and must comply with house rules, such as no smoking indoors or outdoors around people who do not want to be near smoke.

- Commissioner Guy asked if staff anticipates any concerns being raised at the Board of Supervisors hearing that should be discussed by the Health Commission prior to that hearing taking place. Ms. Johnson responded that she expects the hearing to demonstrate widespread support for the program.

Public Comment

Michael Aldrich, Ph.D., Executive Director of C.H.A.M.P (Californians Helping Alleviate Medical Problems), stated that C.H.A.M.P. worked for two years with Dr. Herminia Palacio to develop a confidential card system. Dr. Aldrich said that the card system in San Francisco is simple, efficient, and keeps the confidentiality of the patients. C.H.A.M.P. requires that patients get the DPH card before they get the C.H.A.M.P. card.

Tappié Dufresne, staff person at C.H.A.M.P., said it was a pleasure to work with Laguna Honda Hospital staff to implement the Compassionate Use Act at the facility. Their clientele has not had problems obtaining the ID card. They had thought the $25 fee would be a problem, but it has not been.

Wayne Justmonn, San Francisco Patients Resource Center, said he was the first medical cannabis ID card holder in San Francisco, and he supports the Department's program. The ID card gives him credible access to medical cannabis. He knows that his freedom and his rights will be honored in San Francisco.

7) **NURSE WORKFORCE RETAINER AND RECRUITMENT REPORT**
(Gene O'Connell, Executive Administrator, SFGH)

Sue Currin, RN, Chief Nursing Officer at San Francisco General Hospital Medical Center, began the presentation of the Nursing Workforce Report. Ms. Currin said that the presentation would summarize the findings of a nursing workforce survey that was conducted in January 2000 by the Nursing Leadership Council and the Department of Public Health. Ms. Currin then introduced Leslie Holpit, RN, Interim Director of Recruitment and Retention.

Ms. Holpit stated that nationwide the average age of the nursing workforce is 43, which is a substantial increase from 10 years ago. There is also a nationwide decrease in the number of women who are choosing nursing as a career, as well as a shortage of nursing faculty and nursing programs.

Ms. Holpit said that there are 235,566 registered nurses in California, with an average age of 48 years. Only nine percent of the workforce is under 30. California has the lowest RN/population ratio in the United States. Ms. Holpit said that studies indicate that California will need 25,000 more RNs by 2006 and 60,000 more RNs by 2020.

San Francisco Department of Public Health RN Workforce

Ms. Holpit then described the Department of Public Health RN workforce. At the time of the Nursing Leadership Council's survey, there were 2395 RNs in the DPH workforce. 1446 of the RNs were permanent, and 949 were per diem. 29 percent of the RN workforce in DPH is over 50 years of age. Only four percent are under 30 years of age.

There were 914 respondents to the Nursing Leadership Council survey, 59 percent of whom worked at SFGH and 21 percent of whom worked at Laguna Honda Hospital. 31 percent stated they planned to leave their job within five years. Multiple answers were given when asked what would encourage them to stay, including opportunities for career advancement and improved working conditions.

Ms. Holpit then described the nursing vacancy situation in the Department. While the statewide turnover rate at hospitals is 18 percent, San Francisco General Hospital had about a 10 percent turnover last year, so they compare very well. The overall vacancy rate is 11%-12%, but the vacancy rate is higher in some specialty areas, such as Acute Psychiatry and the operating room.

Ms. Holpit then summarized recommendations that have been made by various professional organizations to increase the supply of nurses, including, improving linkages between academic programs and service organizations, increasing prelicensure entry slots, and making nursing programs more accessible to prelicensure students and to RNs who choose to further their education.

Ms. Holpit then described the recruitment and retention activities that San Francisco General Hospital is undertaking:

Recruitment Activities

- Participating in career fairs and conferences, particularly with the schools of nursing
- Partnering with the School to Career Partnership Program, which gives high school students exposure to a career in nursing
- Developed a recruitment brochure. This will be the first brochure issued by SFGH since 1991.
- Working with the Treasure Island Development Authority to get temporary housing on Treasure Island
- Exploring the possibility of offering child care nearby, possibly Mission Child Development Center
- Participating in the Bay Area Health Care Recruiter Organization
- Exploring a training grant with the Department of Labor and the San Francisco Private Industry Council to develop a training program that would increase the number of prelicensure candidates who would move into registered nurse programs, as well as allow nurses who are already licensed to go back to school for a bachelor's degree or master's degree
- Initiated a Med/Surg new graduate training program
- Formalizing recruitment goals and plan

Retention Activities

- Establishing a retention and recruitment committee, which will consist primarily of bedside caregivers and staff nurses
- Developing an on-going nurse recognition program that would occur throughout the year, in addition to the activities of Nurse Week, which is in May
- Developing a "Why Nurses Work at SFGH" campaign
- Developing a formal retention plan.

Ms. Holpit then discussed the features of the desired training program that staff would like to obtain grant funding for, potentially through the Department of Labor. They would like to develop a training program that is built on a career ladder model. They would begin with prelicensure and then expand the existing program capacity to meet all steps of the ladder. And they would provide support or incentives for the individuals participating in the program by reducing their work hours, but providing them with full pay.

Commissioners' Comments

- Commissioner Jackson asked if nurses were leaving nursing, or leaving the Department of Public Health. Ms. Holpit responded that they do not know at this time, but that this year they are instituting the practice of exit interviews so they will be able to get this information. Commissioner Jackson then asked if exit interviews are standard. Dr. Katz replied that they are not.

- Commissioner Umekubo asked if enrollment in nursing schools has been decreasing or remaining constant. Ms. Holpit replied that, on a national level, nursing school enrollment has been decreasing. However, in California, this decrease has been less significant. Commissioner Umekubo then asked what barriers to nursing school enrollment exist. Ms. Holpit responded that there are multiple barriers, which are geographically specific. One factor is that private nursing programs have closed because of the high cost of running the programs. Another factor is that the UC system, the Cal State system and the community college system have different admission requirements. Still another factor is that high school students do not have adequate math and science skills, so they often are not successful nursing programs. Commissioner Umekubo asked how the Department rewards good nurses. Ms. Holpit responded that she will be pursing this in her retention committee, and getting input from the nurses. She stated that the literature indicates that nurses would like to be respected, and would like to participate in decision making.

- Commissioner Sanchez asked if the hospital has considered flexible schedules, such as working less than five days a week. Commissioner Sanchez emphasized that the hospital should collaborate with other city agencies and think creatively about helping people pay for people's education. In addition, the Department could look at housing assistance for nurses, much like the San Jose program that is designed for teachers.

- Commissioner Monfredini said that respect for nurses is a key issue, and helps the nurses be loyal to the institution. Commissioner Monfredini asked if the trend was for more nurses to work per diem in order to have more flexibility and control of their lives. She also asked about the utilization of mandatory overtime, which sometimes overburdens nurses. Ms. Holpit replied that, in recruitment literature, there is a finding of more people who are looking for more of a balance between work and non-work, and that per diem may be the only way they can get this flexibility. Ms. Currin stated that the utilization of mandatory overtime has decreased significantly in the past six months, and various methods are used to limit the usage, such as Nurse Managers working nights and weekends. Ms. Currin said that the nursing staff has responded well. Ms. Currin said that the impending nursing ratios that are supposed to be issued by the State Department of Health Services in January 2002 will exacerbate the situation.

- Commissioner Parker said that he appreciates the efforts that are being made to address this issue on a local level, but emphasized that this is a nationwide problem that must be addressed at that level as well.

- Commissioner Jackson stated that, in terms of recruitment, a lot can be done to reach out nationwide to recruit people from other states to San Francisco. In addition, the recruiting efforts can begin at the junior high school level. Commissioner Jackson continued that the Department should evaluate on-site day care, giving perks to good nurses, and having good communication between all levels of staff.

- Commissioner Chow stated that the core challenge is to bring new nurses into the career. He said that the nursing career has to have a higher visibility as a career path and a career choice. Unless nursing has a more prestigious reputation, it will continue to be more difficult to recruit for than other health care professions. Commissioner Chow said that one way to make this a more attractive career might be to have additional educational requirements. Prestige is needed to entice young people into careers. Commissioner Chow said that giving nurses something to feel satisfied about in their jobs would improve retention.

- Commissioner Guy said that this is a substantial issue that needs to be followed at the Joint Conference Committees, where there can be more discussion about the impact of the various efforts on recruitment and retention. Commissioner Guy continued that there is a complexity of nursing care, a changing role of nurses, and a changing nature of patient needs and focus, and the educational system needs to reform itself to meet these changing needs. The Department should attempt to influence educational institutions in San Francisco. Commissioner Guy stated that the fact that San Francisco General Hospital is a teaching hospital does impact nursing, and needs to be considered. Commissioner Guy also said that there needs to be acknowledgment that the Department's training costs are going to increase, particularly when the educational institutions are leaving the training to the hospitals. The Department needs to consider where funding for training will come from.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) voted to hold a closed session.

The Commission went into Closed Session at 5:45 p.m. Commissioner Guy left the meeting at 5:45 p.m., and was not present for the Closed Session.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of $15,000 in the David Wellhausen v. CCSF, Superior Court, Case #303-115

The Commission came out of Closed Session ended at 5:55 p.m.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

   Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the settlement of $15,000 in David Wellhausen v. CCSF, Supervisor Court Case #303-115.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

   Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) voted not to disclose any discussions held in Closed Session.

10) ADJOURNMENT

The meeting was adjourned at 5:55 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

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Mitchell H. Katz, M.D.
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Michele M. Olson
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PUBLIC NOTICE

RESCHEDULED

HEALTH COMMISSION MEETING

The Health Commission meeting, originally scheduled for Tuesday, September 18, 2001 has been rescheduled due to a religious observance.

The meeting will be held the following day, Wednesday, September 19, 2001 at 3:00 p.m., at 101 Grove Street, Room #300.

For information call the Health Commission Office at 554-2666.

Posted August 17, 2001

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

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Commissioner

Lee Ann Monfredini
Commissioner

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AGENDA

HEALTH COMMISSION MEETING

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Wednesday, September 19, 2001*
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

** Please note change in date for the meeting.*

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 4, 2001**
**Minutes of September 4, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CENTRAL ADMINISTRATION** – Request for approval of a resolution to authorize the Department of Public Health to accept and expend recurring State grants from the State of California for FY 2001-2002.
** Calendaring request memo, Resolution, Grant Schedule pages*

(3.2) **CENTRAL ADMINISTRATION- Policy and Planning** – Request for approval to accept and expend a new award from the State Department of Human Services in the amount of up to $180,000, to enroll children in health insurance programs, for the period of July 1, 2001 through December 31, 2001.
* *Calendaring request memo, Grant Information Form, Budget pages*

(3.3) **PHP-Maternal and Child Health** – Request for approval to accept and expend a new three-year grant from the California Family Health Council, in the amount of $525,000 for HIV/AIDS confidential counseling and testing services, for the period of September 1, 2001 to August 31, 2004.
* *Calendaring request memo, Grant Information Form, Budget Justification*

(3.4) **PHP-Maternal and Child Health** – Request for approval to accept and expend contract funds from the University of California San Francisco in the amount of $223,475 to identify barriers to preventive oral health care, for the period of September 30, 2001 through September 29, 2003, and a sole source contract with Polaris in the amount of $156,570 for the same time period.
* *Calendaring request memo, Grant Information Form, Budget pages*

(3.5) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Morrisania West, Inc. in the amount of $439,434, for the provision of day treatment services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo*

(3.6) **PHP-Women's Prevention Services** – Request for approval of a retroactive sole source contract renewal with North East Medical Services in the amount of $218,354 to provide Breast and Cervical Cancer Control Program services for the period of October 1, 2000 through October 20, 2001.
* *Calendaring request memo, Client demographic form, Monitoring report summary*

(3.7) **CHN-Revenue Management** – Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements at San Francisco General Hospital, for the period of certification through December 31, 2005.
* *Calendaring request memo*

(3.8) **CENTRAL ADMINISTRATION-MIS** – Request for approval of a contract modification to the product and services agreement with Siemens Medical Solutions Health Services Corp., to extend the term of the contract by an additional two years and to increase the compensation by $2,822,658, for a total revised contract amount of $9,990,349, for the term of January 1, 1999 through June 30, 2004.
* *Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **PROFILE OF INJURY REPORT**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)
**Report*

6) **FOR DISCUSSION:** **BAYVIEW HUNTERS POINT COMMUNITY SURVEY**
(Karen Pierce, Community Health Services)

7) **OTHER BUSINESS/PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
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MINUTES

HEALTH COMMISSION MEETING

Wednesday, September 19, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Health Commission meeting was called to order by Vice President Edward A. Chow, M.D. at 3:05 p.m.

Present: Vice President Edward A. Chow, M.D.
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sánchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: President Roma P. Guy, M.S.W.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 4, 2001

Action Taken: The Commission (Chow, Parker, Sánchez, Umekubo) unanimously approved the minutes of September 4, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sánchez, Jr., Ph.D.)

Commissioner Sánchez chaired, and Commissioner Jackson attended, the Budget Committee meeting.

(3.1) **CENTRAL ADMINISTRATION** – Request for approval of a resolution to authorize the Department of Public Health to accept and expend recurring State grants from the State of California for FY 2001-2002.

(3.2) **CENTRAL ADMINISTRATION- Policy and Planning** – Request for approval to accept and expend a new award from the State Department of Human Services in the amount of up to $180,000, to enroll children in health insurance programs, for the period of July 1, 2001 through December 31, 2001.

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(3.7) **CHN-Revenue Management** – Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements at San Francisco General Hospital, for the period of certification through December 31, 2005.

This item was continued to the meeting of October 2, 2001.

(3.8) **CENTRAL ADMINISTRATION-MIS** – Request for approval of a contract modification to the product and services agreement with Siemens Medical Solutions Health Services Corp., to extend the term of the contract by an additional two years and to increase the compensation by $2,822,658, for a total revised contract amount of $9,990,349, for the term of January 1, 1999 through June 30, 2004.

Action Taken: The Commission (Chow, Parker, Sánchez, Umekubo) approved the consent calendar of the Budget Committee, with Item 3.7, approval of a contract with Health Advocates, LLP, continued.

Prior to Dr. Katz presenting the Director's Report, Commissioner Chow asked that everyone take a moment of silence to reflect on the tragedy of September 11, 2001.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)

Update from September 11th East Coast Tragedy
Dr. Katz informed the Health Commission that, as last week's tragic events unfolded, the Department quickly went into Incident Command System (ICS) mode. Appropriate staff reported to the Emergency Operations Center at the City's Command Center on Turk Street, the Departmental Operation Center (DOC) at 101 Grove and the Hospital DOC at SFGH. The Department of Public Health is a front line first responder in the event of an emergency situation. Some confusion ensued over conflicting messages that sent non-essential City employees home and closed all City buildings, but for the most part, the Department responded appropriately as front line emergency responders. Our clinics remained opened, including primary care and mental health services. SFGH activated its Hospital Emergency Incident Command System and staffed the Emergency Operations Center for 24 hours. Many thanks to all our dedicated employees who responded in an outstanding fashion.

Last week's series of tragic events presented a new response challenge for all of us. DPH is taking this opportunity to learn from mistakes and to tighten response mechanisms for any future incidents. In the foreseeable future, the number one priority of the Department of Public Health is emergency/disaster/terrorism preparation. It is essential that the Department rapidly improve its ability to protect employees and develop contingencies to deliver high quality health care, should a disaster occur in San Francisco. Dr. Katz thanked the committed staff at DPH for their quick and efficient response last week and asked for cooperation in Departmentwide preparation and response efforts.

Hunters Point Facility Task Force
As one response to the Health Commission's February 20, 2001 meeting at Milton Meyers gym in Hunter's Point, a Department Task Force was appointed in late April to establish a DPH presence on Hunter's Point Hill. The Task Force, chaired by Anthony Wagner, included representatives of DPH, Recreation and Parks, and the San Francisco Housing Authority.

The Task Force surveyed 45 residents of the Hunters Point Hill. After several months of community and City agency input, it was decided to reopen the Ujima Clinic at 195 Kiska Road and also utilize the apartment at one Harbor Road, on site of the San Francisco Housing Authority.

The following programs/services will be located at the respective sites:

Ujima – 195 Kiska Road

- *Children's Environmental Health Program* – Focus on the Specific health issues of children related to the impact of the environment (at home and in the community).
- *Health and Environment Assessment Program (HEAP)* – General education about the Bayview Environment.
- *Health Education Resource Center* – Specifically focusing on asthma, breast and prostate cancer.
- *WIC Project*

- *Directions for Positive Change* – An alternative program to traditional substance abuse rehabilitation.
- *A Mentorship Program* – An Outreach and education mentorship program focused on youthful offenders with law enforcement and ex-offenders partnering as mentors for incarcerated youth and youth-at-risk.
- *The MUNI CalWORKS Program*
- *Renaissance Ex-offenders Program*

Until staff is hired, Karen Pierce, Director of the HEAP Program, has agreed to serve as acting coordinator. She will be relocated to the Ujima site. The Community Programs Division of DPH is now operationalizing the recommendations of the Task Force. A November start-up date is projected for both sites.

American Journal of Public Health Publishes Article on Health Benefits of Living Wage Ordinance

Dr. Katz reported that the lead article in the *American Journal of Public Health's* Labor Day issue was an analysis performed by Rajiv Bhatia, M.D. This paper analyzed the estimated health benefits from a local living wage ordinance. The major conclusion of the paper was that small increases in the wages of working people are associated with substantial health improvements. Dr. Katz was pleased with this paper because it demonstrates to policy makers the close connection between economic conditions and health.

Tai Chi in the Parks Program

The City has just completed a series of free, weekly Tai Chi classes at 10 neighborhood parks. Medical data supports Tai Chi as a health maintenance activity with beneficial effects on musculoskeletal complaints, stress reduction, promotion of safe ambulation and fall prevention. The neighborhood locations made the classes accessible to patients who are unable to get to hospital based stress reduction classes or physical therapy services.

The project has been well received by the community and is looking for further support from the Community Programs Division when the start-up grant funding cycle is complete. The Primary Care Medical Directors group has indicated a strong support for continuation and expansion of the Tai Chi classes.

Bureau of Environmental Health

The California Environmental Protection Agency recently completed a technical audit of the Hazardous Materials Unified Program Agency. Lead by the Cal EPA representative, the audit team was composed of representatives of four State agencies, including the Department of Toxic Substances Control, Governor's Office of Emergency Services, State Water Resources Control Board and Office of the State Fire Marshal. The team spent two days evaluating all program aspects, including record keeping, policies and procedures, data management, and enforcement outcomes. Additionally, the auditors evaluated staff during field inspections at regulated businesses. At the conclusion of the audit, the State agency representatives gave high marks to the program and were particularly impressed with the technical knowledge, skills and abilities of the staff. CalEPA considers the San Francisco Program to be a model for others throughout the State and has requested that their policy manual be made available as guidance for other agencies struggling to implement this complicated environmental program. .

Successful CLIA Inspection

Laguna Hospital's Respiratory Therapy Department passed its biannual CLIA/DHS inspection September 4th with no deficiencies. Congratulations to Claudell LeBlanc and his staff on another year of exemplary performance, and thanks to Dr. Valerie Ng and her SFGH team for their support.

Physician Selected for Health Care Leadership Program

Lisa Pascual, MD, Chief of Rehabilitation Services at LHH, has been selected as one of 25 professionals for the inaugural class of the CHCF Health Care Leadership Program, administered by the Center for the health Professions at UCSF. The intensive, two-year fellowship allows participants to continue in their current leadership roles while further developing their knowledge, skills and networks.

MHRF: Appointment of Director of Nursing, Director of Rehabilitation Services and Director of Quality Management

Dr. Katz announced the names of the newest members of Mental Health Rehabilitation Facility (MHRF) Executive Staff. Alex Anagnos, MSN, CNS, RN has joined DPH as the Director of Nursing; Maureen Burns, BSN, RN, is the new Director of Quality Management; and Linda Fenn is Director of Psychiatric Rehabilitation Services.

MUNI Annual Family Day and Health Fair

On September 8, 2001 the African American Health Initiative (AAHI) coordinated and participated in the MUNI Annual Family Day and Health Fair which had over 3,600 attendees at the WOODs Division-Potrero Hill. MUNI staff expressed a desire to integrate health as a permanent component of the Family Day event. The Health Department was well represented.

STD Program's Annual STD Update

The STD Program's Annual STD Update is scheduled at Carr Auditorium September 20th from 8:00 a.m. to 12:30 p.m., and again on October 3rd from 12:30 p.m. to 5:00 p.m. The Update is for all STD Program Screening Site providers and other health practitioners who provide care to STD clients. The STD Program collaborates with the State of California STD Prevention Training Center to provide CEUs to participants. This year's Update will include a discussion on: 2000 STD prevalence rates in San Francisco, the use of amplified testing for gonorrhea and chlamydia for non genital sites, genital dermatology, an update on the Gonorrhea Iisolate Surveillance Project and an STD clinical update. If anyone would like to register, they should contact Sharon Byrd at 487-5524.

Single Point of Responsibility Programs Study Demonstrates Cost Savings

During 1997, Community Mental Health Services initiated the implementation of three Single Point of Responsibility (SPR) programs to serve high cost mental health consumers with severe mental illnesses. In 1998, Davis Y. Ja and Associates, Inc. was contracted by CMHS to assess the effectiveness of the SPR programs. The previous evaluation report, based on the first two years of follow-up, confirmed what other studies of such programs had shown--that ACT services break even financially in spite of higher initial service costs - while allowing clients to have less time in locked 24-hour care.

The most recent evaluation report has just been completed and these 3-year follow-up findings are beginning to show cost savings, with ACT clients significantly lower in total overall mental health service cost in the latter months of the third year after adjusting for baseline differences between the groups. In addition, days in locked 24-hour care and use of emergency services both

continue to show steady reductions. A final report on four-year follow-up data will be completed this fall.

Commissioners' Comments

- Commissioner Parker said that the events of September 11th were a wake up call for the entire community, and that the Department should take this opportunity to mobilize the city and educate its residents about disaster and emergency preparedness.

- Commissioner Umekubo commented that the tragedy was a wake up call for the medical community in terms of preparedness. He is concerned that the medical community is not as prepared as it should be, and that each institution will have to examine how to be more prepared.

- Commissioner Chow stated that the Department, as well as private hospitals, needs to take this opportunity to improve emergency preparedness both on the consumer side and the medical service side. With regard to the two Bayview Hunters Point Initiatives, Commissioner Chow asked why, when the trend has been to co-locate services, services are being established at two different geographical locations. Dr. Katz responded that there was a specific request from Bayview Hunters Point residents to provide services at One Harbor Road, and a separate specific request to reopen the Ujima Clinic. The Department wanted to be responsive to the community's requests.

5) **PROFILE OF INJURY REPORT**
(Ginger Smyly, Deputy Director, Community Health Promotion and Prevention)

Ginger Smyly, Deputy Director, Community Health Promotion and Prevention provided an overview of the Profile of Injury Report. This report is the fourth edition to be produced by the Department of Public Health. The goal of the report is get a better understanding of the nature of injuries in San Francisco and examine methods by which the Department can support more injury prevention. The report consists of epidemiological data, cost data, mapping data and demographic data from 1998.

Dr. Elizabeth McLoughlin from the San Francisco Injury Center and Trauma Foundation continued the presentation by summarizing the findings and identifying trends. Dr. McLoughlin said that the data for the Profile of Injury Report was obtained from the following sources: deaths; hospital discharge data; trauma registry data from San Francisco General Hospital; emergency care data from San Francisco General Hospital; emergency medical services data from the San Francisco Fire Department; and traffic crash data from the Statewide Integrated Injury Traffic Reporting System.

Dr. McLoughlin summarized the major causes of injury deaths in San Francisco: Drugs and poisonings, 40.3 percent; falls, 10.6 percent; firearms, 10.2 percent; motor vehicle traffic crashes, 14 percent; suffocation, 9 percent; fire/burn, 3.2 percent; drowning, 2 percent; cut/pierce, 1.8 percent; and other, 8.8 percent.

Dr. McLoughlin then summarized major findings:

- Numbers of injury deaths are decreasing, but are far too high. Dr. McLoughlin used firearm injury deaths as an example. While there has been a sharp decline in firearm injury deaths in

San Francisco, the rate of firearm injury deaths in San Francisco is more than twice the target identified in Health People 2010, the health objectives for the nation that have been developed by the federal government.

- Elders are at a higher risk of dying of injury and of hospitalization due to injury. This is primarily due to falls.

- Drugs and falls are major problems.

- There is a high rate of pedestrian injuries in San Francisco.

- Prevention is essential. The majority of people who die from injury death die where the injury occurs, never making it to the hospital or other medical facility. Dr. McLoughlin stated that this demonstrates the need to prevent injuries from ever happening.

Michael Radetsky continued the presentation by discussing how the data in the Profile of Injury report can be used to reduce injuries. Mr. Radetsky provided a summary of key priorities that were established by the Department's Injury Prevention Work Group. He also provided the Commission with an overview of current interventions, and focus for new recommendations.

Mr. Radetsky stated that the key priority areas developed by the Injury Prevention Work Group are:

- Pedestrian Injuries
- Senior Falls
- Firearm Violence
- Intimate Partner Violence
- Poisoning/Drug Overdose

Mr. Radetsky summarized the Department's current unintentional injury prevention programs and the violence prevention programs. The unintentional injury programs are the CHIPPS Senior Injury Prevention Project, the San Francisco Pedestrian Safety Project, a newly funded Traffic Safety Project, the Child Passenger Safety Program, and the Stop Red Light Running Program. The violence prevention programs are Children and Youth Domestic Violence Free, the tattoo removal program, the violent injury reporting system, the Violence Prevention Network, and the Youth Power Program.

Mr. Radetsky then provided the framework for how the Department will proceed with developing new recommendations. The Department will develop benchmarks using the objectives identified in Healthy People 2010, evaluate the strength and effectiveness of the current programs, and develop very specific outcome measures for injury prevention.

Mr. Radetsky stated that, while specific recommendations will be developed through the budget process, there is one policy recommendation for current consideration: that the Health Commission and the Health Department prioritize the reduction and elimination of injuries by expanding existing primary prevention strategies and developing new primary and secondary prevention strategies and programs based on data, community need, and evidence-based practices.

Commissioners' Comments

- Commissioner Umekubo asked how San Francisco's rate of injury from pedestrian accidents compares to other metropolitan areas. Dr. McLoughlin responded that she would provide this information to the commissioners once she has compiled it. Commissioner Umekubo then asked how to make pedestrians aware that even though, in many cases, they have the right of way, they need to be cautious in exercising their right of way. With regard to falls, Commissioner Umekubo stated that physicians now have better tools to prevent fractures such as new osteoporosis drugs and encouraging calcium intake, and he hopes that this will help prevent injuries due to falls.

- Commissioner Chow asked if the pedestrian injury data has changed with the red light running campaign. Dr. Katz responded that this can be looked at during the next report, since the campaign began after 1998, which is the year from which the Profile of Injury data was collected. Commissioner Chow stated that he looked forward to discussing areas of concerns at the Population Health and Prevention Joint Conference Committee, and developing cost-effective and patient-effective programs.

- Commissioner Parker emphasized the need to offer prevention programs in the home. He continued that, while private institutions often focus on specific prevention messages for their particular services, (for example heart disease and high blood pressure), public institutions need to be more comprehensive. The Department needs ongoing primary prevention messages and needs to utilize various channels, such as newspapers, television, the community clinics and others.

6) **BAYVIEW HUNTERS POINT COMMUNITY SURVEY**
(Dr. Rajiv Bhatia, Director, Environmental Health)

Dr. Rajiv Bhatia began the presentation by acknowledging the many people who participated in creating the Bayview Hunters Point Community Survey. He then introduced Raymond Tompkins, who presented the community origins and motivations for the Bayview Hunters Point Community Survey.

Mr. Tompkins said the community became engaged in combating environmental injustice when a new power plant was proposed for Hunters Point. Concurrently, a number of women in the community had become concerned about the prevalence of breast cancer in Bayview Hunters Point. The community discussed their concerns with the Department of Public Health and created the Bayview Hunters Point Health & Environmental Assessment Task Force. There was limited neighborhood health and disease data, and the task force decided to undertake their own community-based survey. The task force believed that if there were community participation in the survey, there would be more community buy-in in terms of what actions are needed to create a healthier community.

Jennifer Mann continued the presentation by discussing the objectives, survey methods, and notable findings of the Bayview Hunters Point Community Survey.

Ms. Mann said that the first objective was to involve the residents in the entire survey process, from developing the questions to doing the interviews to writing the report. The second objective was to obtain neighborhood-level health data. The third objective was to understand and prioritize neighborhood concerns. The fourth objective was to evaluate barriers to health services access. This objective came from the fact that Bayview Hunters Point has one of the

highest rates of hospitalization for what are considered preventable diseases. Another objective was to understand the residents' environmental concerns. The last objective was to obtain information that would be useful for new city services and other programs in Bayview Hunters Point.

Ms. Mann then described the methods used to conduct the survey, which was a random, representative sample. The survey had two parts: a household questionnaire and an individual questionnaire. 249 randomly selected households participated in the household questionnaire, representing 71 percent of households contacted. A randomly selected adult was chosen from each participating household for the individual questionnaire, and 68 percent of those individuals (171 total) participated in the survey. The household questionnaire was administered by an interviewer and the individual questionnaire was completed by the individual.

Notable Findings

- *Local asthma prevalence data* - Approximately 10 percent of people in Bayview Hunters Point have asthma. Approximately 15.5 percent of children have asthma. While there was difficulty with comparing these with national asthma rates, it is still clear that asthma is a problem that needs to be addressed.
- *Smoking prevalence* – 48 percent of households in Bayview Hunters Point had at least one smoker. The rates were the same for households with children and households without children.
- *Concern with crime, violence and drugs* – More than 40 percent of people rated crime and violence and drugs and alcohol as their two top concerns. Only 15 percent of residents thought that environmental concerns was one of the top two, but almost all residents thought that it was either somewhat important or very important.
- *Views of public services* – Almost half of the respondents rated environmental clean up in Bayview Hunters Point as poor. In addition, drug and alcohol treatment programs were rated poorly by almost 40 percent of respondents. City Health Clinics were the least likely to be rated as poor.
- *Percent insured* – Approximately 20 percent of non-elderly adults in Bayview Hunters Point were uninsured, compared to 26 percent statewide. Ms. Mann stated that this indicates that something other than lack of insurance is contributing to preventable hospitalizations.
- *Reliance on diverse health providers* – Only 14 percent of respondents had a regular source of health care in Bayview Hunters Point. In addition, people in Bayview Hunters Point are receiving their healthcare from a variety of different sources.
- *Mixed sense of personal control* – When asked if they agreed with the statement "If I take care of myself, I can avoid illness," more than 80 percent said yes. When asked if they agreed with the statement "Health and illness are entirely beyond my control," approximately 50 percent agreed with this statement, which is not necessarily in line with the first statement.

Ms. Mann stated that the department made an obligation to all participants to share the report with the community. They presented the report at the Landscape of Our Dreams Conference, which was held in Bayview Hunters Point, out of which came the HEAP's Good Neighborhood Project. In addition, the report was hand delivered to every single household that participated. Since the report was published two months ago, 1,000 copies have been distributed.

Dr. Bhatia concluded the presentation by describing the community building efforts that will, or in some cases already have, come out of the survey process. These efforts include the following:

- The Health & Environmental Resource Center.
- The creation of a number of asthma collaborations, including the Yes We Can Campaign.
- The Food Security Initiative, where youth leaders are identifying barriers to healthy nutrition in their communities and developing action plans to remove those barriers, such as bringing new supermarkets into the community.
- The Youth Power Initiative, which uses participatory approaches to deal with the issues around violence.
- The African-American Health Initiative, which is a collaboration of many organizations to deal with issues of chronic disease.

Dr. Bhatia also discussed two new programs in Bayview Hunters Point at 195 Kiska Road and One Harbor Road.

Dr. Bhatia said that that valuable lessons for health promotion came out of this survey, including respecting the everyday wisdom of citizens, accessing and demystify information, lending the resources of institutions and building on community capacities, assets, and skills.

Commissioners' Comments

- Commissioner Sánchez asked if most of the individuals who did not respond to the survey were non-English speaking. Ms. Mann responded that this was the case, even though the surveys were translated into Spanish and Chinese and there were bilingual interviewers. Commissioner Sánchez commended the Department for involving the community in the research, and added that now we need to generate funding to support programs to address the problems identified in the survey.

- Commissioner Parker congratulated everyone who worked on the report for the community survey. He is concerned, however, that we are continuing to gather information to validate what has been known for decades: that there are health disparities in Bayview Hunters Point. He emphasized that what the community needs are results, and for this we are going to have to do things differently. Dr. Bhatia agreed, and said that they department is going beyond traditional health services to make change in the community, including partnerships with the Redevelopment Agency.

- Commissioner Umekubo appreciates the community perspective. He noted the high prevalence of smoking and said that clearly one part of the solution to asthma is to reduce the number of people who smoke. With regard to the prostate cancer screening rates, Commissioner Umekubo said that physicians, understanding the high prevalence of prostate cancer in African-Americans, try to start screening around the age of 40, and the Department should encourage and support this. With regard to access to care, Commissioner Umekubo said that he did not understand why respondents were not receiving health care in the community when the Department has two clinics in the area. Ms. Mann responded that one factor is that approximately 30 percent of the community are Kaiser members, and there are no Kaiser services in the community.

- Commissioner Chow said the Department should work with Kaiser to provide services in Bayview Hunters Point. In response to Commissioner Parker's concerns, Commissioner Chow said that the goal of the African American Health Initiative is to address the entire gamut of needs in the community, not only the health needs. Commissioner Chow expressed concern about health beliefs, particularly the fact that so many people feel that illness is entirely beyond their control. Dr. Katz responded that he not very concerned about people's perception of control over their health, which might result from religious beliefs. He is concerned about how healthy people think they are. The respondents rated themselves significantly lower than the nationwide response, which indicates that their health is lower, and that they are feeling more precarious about their health.

7) OTHER BUSINESS/PUBLIC COMMENTS

None.

8) ADJOURNMENT

The meeting was adjourned at 5:00 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Artur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sanchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

October 2, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 19, 2001**
**Minutes of September 19, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive new contract with Positive Resource Center, in the amount of $70,000, to provide employment development services targeting people living with HIV/AIDS and seeking to enter/re-enter the workforce, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Client demographic information form*

(3.2) **PHP-AIDS Office** – Request for approval of the second year of a two-year contract with Black Coalition on AIDS in the amount of $246,687 to provide HIV prevention education services, for the period of July 1, 2001 through June 30, 2002, for a total contract amount of $493,374.
* *Calendaring request memo, Client demographic information form, Monitoring report, Monitoring report e-mail reply*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Glide Foundation in the amount of $69,877 to provide HIV prevention services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Client demographic information form, Monitoring report summary, Monitoring report response*

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract with Glide Foundation in the amount of $249,118 to provide HIV prevention services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Client demographic information form, Monitoring report summary, Reply letters/forms from Glide Foundation*

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center in the amount of $62,100 to provide multiple session groups and prevention case management, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Client demographic information form, Monitoring report summary, Monitoring report response*

(3.6) **PHP-AB 75 Project** – Request for approval of a contract renewal with Lifemark Corporation in the amount of $190,000 to provide fiscal intermediary services for the FY 2001-02 CHIP Program, for the period of November 15, 2001 through March 31, 2002.
* *Calendaring request memo, Client demographic information form, Monitoring report*

(3.7) **PHP-Housing and Urban Health** – Request for approval of a retroactive new sole source contract with Tenderloin AIDS Resource Center, in the amount of $73,842 to provide HIV/AIDS Emergency Housing Program services, for the period of September 1, 2001 through June 30, 2002.
* *Calendaring request memo*

(3.8) **PHP-CMHS/Children's Services** – Request for approval of a sole source contract renewal with Support for Families of Children with Disabilities in the amount of $330,822 per year, for a total contract value of $1,323,288, to provide consultation and clinical support services, for the period of July 1, 2001 through June 30, 2005.
* *Calendaring request memo*

(3.9) **PHP-Mental Health/Substance Abuse** – Request for approval of a contract renewal with San Francisco Suicide prevention in the amount of $332,027 per year, for a total contract value of $1,328,108, to provide suicide prevention services along with Family Service Agency and San Francisco Mental Health Access line coverage, for the period of July 1, 2001 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary*

(3.10) **PHP-Mental Health/Substance Abuse** – Request for approval a contract renewal with Oakes Children's Center in the amount of $493,785 per year, for a total contract amount of $1,975,140, to provide psychiatric day care services for children, for the period of July 1, 2001 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary*

(3.11) **PHP- Substance Abuse** – Request for approval of a sole source contract renewal with the Latino Commission in the amount of $655,058 per year, for a total contract amount of $2,620,232, to provide substance abuse treatment services, for the period of July 1, 2001 through June 30, 2005.
** Calendaring request memo, Client demographic information form, Monitoring report summary, Monitoring report response letters*

(3.12) **PHP-Mental Health** – Request for approval of a contract renewal with Volunteer Center of San Francisco in the amount of $200,084 per year, for a total contract amount of $800,336, to provide mental health safety net services, for the period of July 1, 2001 through June 30, 2005.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.13) **Community Health-Primary Care** – Request for approval of a retroactive contract with Mission Neighborhood Health Center in the amount of $150,000 for continued primary care services at the Excelsior Clinic, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HEALTHY FAMLIES UPDATE**
(Colleen Johnson, Acting Director of Policy and Planning)
**Report*

6) **FOR DISCUSSION:** **MENTAL HEALTH ANNUAL REPORT**
(Jo Ruffin, LCSW, Director of Community Mental Health Services)
**Report*

7) **OTHER BUSINESS/PUBLIC COMMENT****

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION:
DIRECTOR OF HEALTH, DR. MITCH KATZ

D) Reconvene in Open Session

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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10/2/01

Roma P. Guy, M.S.W.
President

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MINUTES

HEALTH COMMISSION MEETING

October 2, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The Health Commission meeting was called to order by President Roma P. Guy, M.S.W., at 3:10 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sánchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF SEPTEMBER 19, 2001

Action Taken: The Commission unanimously approved the minutes of September 19, 2001.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioner Jackson and Commissioner Monfredini attended, the Budget Committee meeting.

(3.1) **PHP-AIDS Office** – Request for approval of a retroactive new contract with Positive Resource Center, in the amount of $70,000, to provide employment development services targeting people living with HIV/AIDS and seeking to enter/re-enter the workforce, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Monfredini requested a six-month written report to the Budget Committee regarding the performance of the contract, in light of the fact that this program is newly under the auspices of the Department of Public Health.

(3.2) **PHP-AIDS Office** – Request for approval of the second year of a two-year contract with Black Coalition on AIDS in the amount of $246,687 to provide HIV prevention education services, for the period of July 1, 2001 through June 30, 2002, for a total contract amount of $493,374.

Commissioners' Comments

- During the Budget Committee, Commissioner Sanchez stated that clearly the agency has experienced difficulties, and asked the agency if they believe the have the capability to fulfill the contract requirements. Anthony Phillips from Black Coalition on AIDS responded that they are receiving technical assistance from Compass Point, and that this should help them meet the reporting requirements. Commissioner Sanchez emphasized the importance of these services, and asked that staff provide the Population Health and Prevention Joint Conference Committee with a contract update every 60 days, and return to the Budget Committee in six months with a status report.

- During the Budget Committee, Commissioner Jackson stated that the agency is doing well with client services, but not administratively, and asked how staff could have overlooked administrative requirements. Mr. Phillips responded that the agency has experienced a lot of staff turnover in the past year, and the new staff was not always aware of the reporting requirements. Marcia Haring from the Department of Public Health stated the Black Coalition on AIDS is one of the agencies the Department has targeted to receive technical assistance for the next three years.

- At the Budget Committee meeting, Commissioner Monfredini asked what specific steps are being taken to address the long-standing problems with this agency. The Department has spent money, time and resources trying to clean up the organization, and yet it is still experiencing the same problems. Steven Tierney responded that the Office of Minority Health "Project Ready" grant for technical assistance will help. Further, the Department is now tracking continuous quality improvement in ways that have not been done before. However, Mr. Tierney stated that if the agency does not solve its problems this year, the Department will work to find another agency to provide the services.

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive sole source contract renewal with Glide Foundation in the amount of $69,877 to provide HIV prevention services, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- At the Budget Committee, Commissioner Sanchez asked when the agency would meet the Department's performance standards. Steven Tierney responded that Glide Foundation is also receiving technical assistance through the "Project Ready" grant, and that the agency is already making progress. Commissioner Sanchez requested 60-day status reports to the Population Health and Prevention Joint Conference Committee, and a six-month report to the Budget Committee.

(3.4) **PHP-AIDS Office** – Request for approval of a retroactive contract with Glide Foundation in the amount of $249,118 to provide HIV prevention services, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- At the Budget Committee, Commissioner Sanchez requested 60-day status reports to the Population Health and Prevention Joint Conference Committee, and a six-month report to the Budget Committee.

(3.5) **PHP-AIDS Office** – Request for approval of a retroactive contract renewal with South of Market Health Center in the amount of $62,100 to provide multiple session groups and prevention case management, for the period of July 1, 2001 through June 30, 2002.

(3.6) **PHP-AB 75 Project** – Request for approval of a contract renewal with Lifemark Corporation in the amount of $190,000 to provide fiscal intermediary services for the FY 2001-02 CHIP Program, for the period of November 15, 2001 through March 31, 2002.

(3.7) **PHP-Housing and Urban Health** – Request for approval of a retroactive new sole source contract with Tenderloin AIDS Resource Center, in the amount of $73,842 to provide HIV/AIDS Emergency Housing Program services, for the period of September 1, 2001 through June 30, 2002.

(3.8) **PHP-CMHS/Children's Services** – Request for approval of a sole source contract renewal with Support for Families of Children with Disabilities in the amount of $330,822 per year, for a total contract value of $1,323,288, to provide consultation and clinical support services, for the period of July 1, 2001 through June 30, 2005.

At the Budget Committee, Albert Eng from CMHS/Children's Services stated that the total amount of the contract over the four-year term is $720,939, not $1,323,288 as indicated in the title. The amount for the first year of the contract is $330,822, and the amount for the subsequent years is $130,039 per year.

(3.9) **PHP-Mental Health/Substance Abuse** – Request for approval of a contract renewal with San Francisco Suicide prevention in the amount of $332,027 per year, for a total contract value of $1,328,108, to provide suicide prevention services along with Family Service Agency and San Francisco Mental Health Access line coverage, for the period of July 1, 2001 through June 30, 2005.

(3.10) **PHP-Mental Health/Substance Abuse** – Request for approval a contract renewal with Oakes Children's Center in the amount of $493,785 per year, for a total contract amount of $1,975,140, to provide psychiatric day care services for children, for the period of July 1, 2001 through June 30, 2005.

(3.11) **PHP- Substance Abuse** – Request for approval of a sole source contract renewal with the Latino Commission in the amount of $655,058 per year, for a total contract amount of $2,620,232, to provide substance abuse treatment services, for the period of July 1, 2001 through June 30, 2005.

Commissioners' Comments

- Commissioner Chow commented that the monitoring report for the Latino Commission included appropriate comments about cultural competency, and integrating these comments into the review process is a positive way of approaching cultural competency.

(3.12) **PHP-Mental Health** – Request for approval of a contract renewal with Volunteer Center of San Francisco in the amount of $200,084 per year, for a total contract amount of $800,336, to provide mental health safety net services, for the period of July 1, 2001 through June 30, 2005.

(3.13) **Community Health-Primary Care** – Request for approval of a retroactive contract with Mission Neighborhood Health Center in the amount of $150,000 for continued primary care services at the Excelsior Clinic, for the period of July 1, 2001 through June 30, 2002.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee with the modification to Item 3.8 to reflect the actual contract amount. In addition, the Commission direction that status reports for the contract with Black Coalition on AIDS (Item 3.2) and the contracts with Glide Foundation (Item 3.3 and Item 3.4) be presented to the Population Health and Prevention Joint Conference Committee every 60 days, and to the Budget Committee in six months. The Commission also directed that the staff provide a written status report to the Budget Committee in six months for Item 3.1.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)

State Legislative Session
The State Legislature completed the first year of its two-year session on September 15, 2001. Several health-related bills were forwarded to the Governor for his consideration, including a bill to provide funding for county initiatives that extend health insurance coverage to uninsured children, bills that simplify Medi-Cal and Healthy Families eligibility procedures, and a bill that would require the State Department of Health Services to establish minimum staffing ratios for nursing homes. The Governor has until October 14 to act on these bills. A detailed report of this legislative year will be presented at the November 6 meeting.

State Budget -- Maternal and Child Health Funding
When Governor Davis signed the 2001-02 State budget in July, he eliminated $2.6 million in State General Funds that support county maternal and child health (MCH) programs. To the extent that counties used these funds to increase enrollment of potential Medi-Cal clients, these monies were also used by counties to draw down an enhanced federal match, as high as 4:1 in some cases. In San Francisco, though our State MCH allocation was $66,243, our total MCH allocation was $213,908 after the federal match. Statewide, an elimination of the $2.6 million in State MCH funds would have resulted in cuts of nearly $7 million in services to needy women and children of the State of California.

The Administration has devised a way to restore these critical MCH funds without the need for additional funding or corrective legislation. By switching State general fund from the State's domestic violence program with federal Title V funds in MCH, counties will again have State General Funds available to draw down the federal enhanced match. This methodology will restore all but $650,000 of the total $7 million in MCH funding counties receive after the federal match. Individual county allocations have not yet been announced, but it is likely that any reduction in San Francisco's allocation will be minimal.

HIV Stops With Me Campaign receives favorable evaluation

One of the elements of the 11-point plan to revitalize HIV prevention for gay men was to increase the prevention message to HIV positive persons. Specifically, the plan that was presented to the Health Commission on August 15, 2000 was to increase responsibility of HIV-infected individuals to avoid inadvertently infecting others.

The campaign exceeded its goals for exposure. Most notably, as a result of the commercial, 24% of participants said they were more likely to believe it is their responsibility to keep their negative partners negative.

TOD Planning Retreat

The Treatment on Demand Planning Council (TOD) held its annual retreat at the Nimitz House on Yerba Buena Island on September 29th. The process, which also includes review and discussion of epidemiology data, research, focus groups and community forums, culminates in December, with a list of new program recommendations to the Director of CSAS. The current TOD is a diverse group of clients/advocates, governmental representatives and service providers. The group identified 20 priorities for initial consideration. Of special note is the number one priority: *Maintain and support infrastructure program so units of service are not reduced.*

SFGH Completes Accreditation Survey and MQSA Inspection for Mammography

San Francisco General Hospital has successfully completed the State Accreditation Survey and MQSA inspection for mammography. This survey is conducted annually jointly by the Food and Drug Administration (FDA) and the State of California. SFGH completed both the survey and inspection with no deficiencies noted.

CHN/SFGH Medical Staff Credentialing Report

	09/01	2001 YTD
New Appointments	23	65
Reinstatements	0	5
Reappointments	28	310
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	3	129
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	1	16
Voluntary Relinquishments	2	16
Proctorship Completed	9	118

Current Statistics – as of 09/01/01

Active Staff	362
Affiliate Professionals (non-physicians)	184

Courtesy Staff	485
Referring Staff	44
Total Members:	1,075
Applications in Process	100
Applications Withdrawn Month of August 2001	2
SFGH Reappointments in Process Through February	231

Commissioners' Comments

- Commenting on the HIV Stops with Me Campaign, Commissioner Chow stated that he appreciates that the Commission is receiving evaluation results, as they demonstrate the effectiveness of the program.

5) **HEALTHY FAMLIES UPDATE**
(Colleen Johnson, Acting Director of Policy and Planning)

Colleen Johnson, Acting Director of Policy and Planning, began the presentation of the semi-annual Healthy Families Report, which details the efforts in San Francisco to ensure that individuals are enrolled and retained in the Healthy Families Program. Ms. Johnson stated that the efforts of the Department are focused on uninsured children rather than any single public health insurance program, in order to capture the most individuals for the most programs.

Ms. Johnson introduced Frances Culp, Health Planner for the Department of Public Health, who continued the presentation of the report.

Program Expansions and Enhancements

Proposed Parent Expansion

Ms. Culp updated the Commission on the efforts to expand the program to parents of eligible children. In December 2000, California submitted a waiver demonstration proposal to the federal government. Initially the waiver had proposed to cover parents up to 200 percent of the federal poverty level. However, due to an outpouring of requests from many entities, including the City and County of San Francisco, the State increased parent's eligibility to 250 percent of the federal poverty level. However, CMS has not yet approved the first waiver, and Ms. Culp said that the issue is now at a stalemate.

State Budget Expansions

Ms. Culp stated that the State Budget assumes an additional 250,000 Healthy Families members by July 2002. This would include parents of up to 250 percent of the federal poverty level, which assumes the approval of the waiver. The budget also allows applicants to sign a statement that will verify their income if they have no other paperwork to prove this. In addition, the budget creates a two-month bridge between Medi-Cal and Healthy Families. This allows Medi-Cal and Healthy Families recipients who no longer qualify for their respective program time to apply for the other program.

State legislation

Ms. Culp stated that a number of bills that affect the Healthy Families Program were introduced in the last legislative session. The bills that the Department will be paying closest attention to are those that allow for an assumption of eligibility based on enrollment in certain other programs such as free-lunch programs and the Food Stamp program.

Application Data

Since the beginning of the program the State has processed 472,121 applications. 8,841 of these applications were from San Francisco. 2,346 children in San Francisco who applied for the Healthy Families program were not enrolled in the program. The primary reason for non-enrollment was an incomplete or incorrect application. The State is trying to simplify the enrollment process. They are developing a joint Medi-Cal/Healthy Families Joint Application, which allows families to apply for both Medi-Cal and Healthy Families on the same application. In addition, there is a backlog of more than 2,000 people waiting to become Certified Application Assistants (CAAs), who are paid by the State to help families with the enrollment process. The State has allocated money for training and processing, so there should be more CAAs helping with the application process in the near future.

According to Ms. Culp, another step that the State is taking to make enrollment easier is the development of an online enrollment program, called Health-e-App. The program has been piloted in San Diego and has received a very positive response from families.

Enrollment and Retention Data

Enrollment

Ms. Culp stated that there are 468,349 children statewide enrolled in the Healthy Families program. San Francisco has 9,265 children enrolled in the program. The Department estimates that between 10,015 and 10,593 children in San Francisco are eligible. This implies that 90 percent of San Francisco's children are already enrolled in the program

Enrollment by Ethnicity

- Asian American/Pacific Islander – 82.1 percent
- Hispanic/Latino – 14.6 percent
- African-American – 1.7 percent
- Caucasian – 1.5 percent
- Native American - . .1 percent

Since 1999 there has been a slight increase in Latino and African American enrollment in the program.

Ms. Culp stated that the neighborhoods with San Francisco's highest Healthy Families enrollment (representing 65 percent of the total enrollment) include the Excelsior, Outer Mission, Mission Terrace and Ingleside (94112); Portola and Visitacion Valley (94134); Mission and Bernal Heights (94110); Chinatown and North Beach (94133); Sunset (94122); and Bayview/Hunters Point (94124).

Retention

Ms. Culp stated that almost 3,000 children have been disenrolled from the Healthy Families program in San Francisco since the program began. San Francisco is seeing a slightly higher rate of disenrollment than the statewide average. One of the major avoidable reasons for disenrollment is non-payment of premiums. Both the State and San Francisco are focusing efforts on reducing disenrollments for avoidable reasons. At a statewide level, there are now additional, more convenient options for bill payment. San Francisco is focusing on strengthening the bond between the families and the Certified Application Assistants. In addition, the San Francisco Family Health Plan has designed a postcard that is sent to Healthy Families members who are close to the date they must submit their re-enrollment forms. And during the month of August, Health Plan staff called each of the enrolled families to see if they needed assistance.

Recent Outreach, Education and Retention Efforts

In San Francisco there are a number of outreach and education efforts underway, which Ms. Culp summarized:

- Bringing Up Healthy Kids (BUHK) Coalition. This is a collaboration of more than 20 public agencies and non-profit providers, including the Department of Public Health. Their main outreach has been through the schools. In September 2001, BUHK distributed over 65,000 Request for Information flyers, with postage-paid return envelopes to all elementary, middle and high school students in San Francisco. BUHK is also going to be contacting families 60 days, 6 months, and 10 months after enrollment to provide follow-up services.
- Building a Healthier San Francisco (BHSF). This is a coalition of hospitals, the Department of Public Health and the Department of Human Services. This group is working with existing school health workers to train them as Certified Application Assistants, who can then identify and sign up children for the program.
- Potrero Hill/Bayview Hunters Point Access to Health Care. This is a project funded by the Department of the Environment for outreach related to health access for residents of Potrero Hill and Bayview Hunters Point. Among the goals for the project is providing residents with information on free and low-cost health care options and enrolling eligible children, youth and adults into free and low-cost insurance programs.
- SCHIP Outreach Award. The Department of Public Health recently received a grant from the state to supplement existing outreach activities.
- UCSF CORE Project. This project, in which nine Bay Area Counties are participating, is designed to support counties in recognizing and removing barriers in county-administered Medi-Cal for Children and Healthy Families enrollment and retention processes.

Public Comment

Elizabeth Frantes stated that the Department should not discriminate against adults without children by only covering parents of children. We should not bring more people into the system, when there is not enough services for people currently being served.

Commissioners' Comment

- Commissioner Monfredini asked what happens when an application is denied because the person is eligible for Medi-Cal—how is it linked to the Medi-Cal system. Ms. Culp replied that the application is sent to the County for processing, and the person is then connected to Medi-Cal. Ms. Culp said that it is her understanding is that a letter is sent to the family to inform them of this.

- Commissioner Parker stated that when the program was designed, it was to be revenue neutral. Commissioner Parker asked if the Department would need more general fund money for this program. Dr. Katz responded that having people enrolled in Healthy Families decreases the amount of general fund dollars spent by the Department, because the State and Federal government are paying for their healthcare.

- Commissioner Chow commented that the Department has good enrollment numbers, and the focus needs to be on retention. He asked if there is data on the 10 percent who are eligible but not enrolled. Dr. Katz responded there is indirect evidence that the African American enrollment numbers are too low considering their percentage of the working poor. Commissioner Chow would like the next semi-annual report to show an increase in the enrollment numbers for underrepresented groups, including African Americans. In addition, Commissioner Chow would like the next report to emphasize the outcome of the retention efforts, and provide more detailed

information about the underrepresented ethnicities, such as how many African American applicants were denied enrollment because they were eligible for Medi-Cal.

- Commissioner Guy stated that the next semi-annual report should include the Universal Health Care statistics.

- Commissioner Umekubo was gratified to see the increase in enrollment numbers since the last report. He stated that the report indicates that almost all-eligible children would be enrolled if the issue of non-enrollment due to incomplete applications were addressed.

- Commissioner Parker asked how many children are uninsured in San Francisco, in terms of not being eligible for any insurance program. Ms. Johnson responded that the Department has estimated 9,200 uninsured children in San Francisco.. 5,000 of these children will be eligible for the new "Healthy Kids" program. Approximately 3,000 more are eligible for other public health insurance programs. The remainder of the children would be from families earning more than 300 percent of the federal poverty level, and would be ineligible for any public health insurance program.

- Commissioner Jackson asked how many children from families that make above 300 percent of the federal poverty level are uninsured. Ms. Johnson responded that the estimate is 1,200 children. Commissioner Jackson stated that this number seems low, given the number of working poor.

- Commissioner Sanchez stated that over time there will be regional shifts among the Bay Area's populations, and asked if this was being factored into the retention analysis. Ms. Johnson responded that she would look at this issue and include it in the next report to the Commission.

6) **MENTAL HEALTH ANNUAL REPORT**
(Jo Ruffin, LCSW, Director of Community Mental Health Services)

Jo Ruffin, Director of Community Mental Health Services, began the presentation by recognizing various community partners, and said that the department's success depends in large part on contract providers. Ms. Ruffin introduced Steve Fields from Progress Foundation, Richard Easley from the Mental Health Contractors Association, and Tim Agar from the Mental Health Board. Ms. Johnson then introduced Louise Rogers, who continued the presentation.

Ms. Rogers stated that since the San Francisco Mental Health Plan started operations 3 ½ years ago, the challenge has been how to provide greater access to care for a large covered population, while continuing to manage scarce and costly resources used by a much smaller number of chronically mentally ill adults and seriously emotionally disturbed children and youth.

The total Department of Public Health resources to mental health care amount to approximately $198 million. Approximately 78 percent is in Community Mental Health Services, 14 percent in the Department of Psychiatry at San Francisco General Hospital, and 8 percent at the Mental Health Rehabilitation Facility. Mental Health's goal is to be able to offer each of their members a system of care in which the full array of community support systems and outpatient services are so accessible and effective that no one must enter the system unnecessarily through institutional and emergency care. Ms. Rogers stated that accomplishing this goal requires a greater investment in community care and less in institutional care. This has started to occur. This year institutional care constitutes 27 percent of the Department's spending (although the percentage is higher—approximately 40 percent—for adults).

Ms. Rogers added that an integration of services between Mental Health and other systems of care is starting to develop. Many of the systems changes that have occurred that benefit Mental Health clients are a result of joint collaboration between Mental Health and other sections of the Health Department.

Ms. Rogers stated that the activities of the last year are organized around six strategic plan goals that underlie the effort to reshape the system of care.

- Expand access to mental health care
- Expand community-based alternatives and decrease the need for institutional care
- Improve integration of services for individuals who need multiple services
- Strengthen prevention activities
- Create and sustain community partnerships
- Maximize resources and strengthen infrastructure by investing in staff recruitment, retention and training

With regard to expanding access to care, Ms. Rogers stated that Mental Health's caseload grew 39 percent between FY 1994-1995 and FY 1999-2000, including a 64 percent growth in Medi-Cal patients. The Mental Health Division increased the percentage of foster care children in mental health treatment from 20 percent in FY 1992-1993 to 40 percent in FY 1999-2000. The goal is to reach 50 percent. The Department also attempted to serve clients where they are to address unmet need. And finally, they are increasing cultural competency as a strategy to meet unmet need. In FY 2000-2001, 710 providers were trained in cultural competence areas. In response to Commissioner Chow's question at the Joint Conference Committee as to whether the efforts translate into increased access for minority ethnic populations, between FY 1995-1996 and FY 1999-2000, there was a 31 percent growth in the Latino/Hispanic population served, a 25 percent growth in the Chinese population served, a 39 percent growth in the Vietnamese population served, and a 18 percent growth in the African American population served.

Ms. Rogers then summarized the Department's efforts to expand community-based care and decrease the need for institutional care. She described the following efforts:

- Strengthened the collaboration with the San Francisco General Hospital Department of Psychiatry to meet the performance objectives for acute impatient services. The strategy was twofold: first to increase intensive case management and second to increase the number of community treatment beds that serve as alternatives to hospital care. This collaboration resulted in reduced admissions through PES, maintenance of length-of-stay of no more than 15 days, and reduced utilization at private hospitals by 170 acute episodes. The Department projects over $100,000 in savings, which will be reinvested into additional beds and case management.
- Reduced institutional care for children and youth. Children Services System of Care Partnership has been able to reduce group home placements by 10 percent last year.
- Established a Continuum of Community Treatment Beds – New Acute Diversion Unit (12 beds); Broderick Street Residential Care (34 beds); Seneca Community Treatment Facility (20 beds).
- Increased Employment
- Provided access to medications
- Police Crisis Intervention Training

Ms. Rogers then described the efforts to improve the integration of services, which primarily include collaboration with Substance Abuse Services and collaboration with Primary Care.

Ms. Rogers stated that Mental Health has engaged in a number of efforts to strengthen prevention activities, including the child care mental health initiative, the Pilipino Family Strengthening grant, depression screening, high school wellness, Family Links phone line, and suicide prevention protocol.

Ms. Rogers described several initiatives Mental Health has to respond to violence and crises in communities such as the Western Addition and Bayview Hunters Point, including a Family Involvement Team and a Mental Health Plan Ombudsman and Consumer Council.

To meet the sixth Strategic Plan goal of maximizing resources and strengthening infrastructure, Ms. Rogers said the Department is working with the University to expand the mechanisms for psychiatric residents to be placed in the Department's clinics. The Department is also offering multi-cultural student stipends to students in Master's and undergraduate levels, to encourage them to pursue jobs in Community Mental Health. In addition, they are providing continuing education to staff in the Department as well as providers.

Steve Fields spoke on behalf of the Mental Health Forum, which is where the policy discussions are taking place for the integration and delivery of mental health and substance abuse services. Mr. Fields stated that, under the leadership of Jo Ruffin and Barbara Garcia, the Mental Health system has become a true partnership with the contractors. The challenge now is to make the community-based system less reliant on institutional beds. Two areas are critical to accomplish this: develop the whole array of services including housing; and strengthen the case management system. Mr. Fields continued that the integration efforts must include both substance abuse and forensics/jail services.

Richard Easley, Executive Director of Conrad House and chairman of the Mental Health Contractors Association, congratulated Jo Ruffin on a compelling and encouraging report, particularly the emphasis on partnership. Mental Health contractors appreciate the fact the Department is listening to them, advocating for them in the budget process, acknowledging them in the Strategic Plan, including them in planning processes, and inviting them to the table to talk about planning and program development issues. The Mental Health Contractors Association looks forward to working with the Department over the coming year.

Tim Agar from the Mental Health Board spoke in support of the Mental Health program.

Commissioners' Comments

- Commissioner Monfredini asked how an individual would know how to access the system. Ms. Rogers responded that access started out as a 1-800 number and people being able to walk into any clinic. The Department realized that this was not enough—that they needed to engage and serve clients where they are—streets, schools, home, child care, primary care, etc., which they are doing now. The Department also has mobile crisis team. Commissioner Monfredini asked if institutional care is available for those individuals who truly need it, and cannot function in a lower level of care. Ms. Ruffin said that institutional care will always be part of the continuum of care, although their goal is to keep people from reaching the level where their only option is institutional care.

- Commissioner Parker stated that primary prevention is a priority, but the resources and efforts do not necessarily reflect this. Commissioner Parker continued that one element that impacts the community so much is substance abuse, and the Department should try to reduce use of drugs and alcohol by at least 10 percent.

- Commissioner Umekubo commended the Department of Psychiatry for its reduced admission rate, reduced length of stay, and reduced decertification rate (which is hovering around 15 percent).

- Commissioner Chow emphasized the goal of primary care integration. He is pleased with the efforts of the Mental Health Forum. He continued that the system is well on its way to becoming an integrated system. Commissioner Chow also stated that, as we move into more difficult economic times, everybody involved in the mental health system continue their dialogue and cooperation even though there may not be new resources.

- Commissioner Jackson is encouraged with the increased parity between mental health services and other health services. The Department is now more able to help people stay out of institutions and live independently.

- Commissioner Sanchez stated that the report was refreshing, particularly in terms of integration of services and partnerships with schools, community-based organizations, and other departments.

- Commissioner Guy commended the staff for its work to truly integrate services. Commissioner Guy stated that the challenges include refining the services, identifying where the gaps are, and determining how the new Laguna Honda will fit in to the system. Commissioner Guy continued that services to the homeless population is a particularly important part of the continuum of care, and asked how long the grant funding would be available. Ms. Rogers responded that the grant was for three years, but that the Department is hopeful that the funding will continue beyond that time period.

The Commission voted to recess the meeting for 20 minutes at 5:30 p.m.

The Commission reconvened the meeting at 5:50 p.m.

7) **OTHER BUSINESS/PUBLIC COMMENT**

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a Closed Session.

The Commission went into Closed Session at 5:50 p.m.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEE PERFORMANCE EVALUATION:
DIRECTOR OF HEALTH, DR. MITCH KATZ

D) Reconvene in Open Session

The Commission came out of Closed Session at 6:55 p.m.

1. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in Closed Session.

9) ADJOURNMENT

The meeting was adjourned at 6:56 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 16, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 2, 2001**
**Minutes of October 2, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-Revenue Management –** Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements at San Francisco General Hospital, with reimbursement based on a sliding scale contingency fee, for the period of certification through December 31, 2005.
**Calendaring request memo*

(3.2) **PHP-STD Prevention and Control** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control in the amount of $901,544 to study the efficacy of condom-use skills-building workshops, for the period of September 30, 2001 through September 29, 2004 and a sole source contract with the Regents of the University of California San Francisco, Center for AIDS Prevention Studies, in the amount of $701,226, for the period of November 1, 2001 through October 31, 2004.
** Calendaring request memo, Grant information form, Budget forms*

(3.3) **PHP-Mental Health** – Request for approval to accept and expend a grant from the California Department of Mental Health in the amount of $2,913,000 for the Older Adult System of Care Demonstration Project, to create an innovative collaborative model among the physical health primary care system, the mental health system, providers of dementia care and adult protective services; and utilizing a residential care facility and peer counseling, for the period of Fiscal Years 2001-02, 2002-03 and 2003-04. 2004.
** Calendaring request memo, Grant information form, Budget forms*

(3.4) **PHP- Mental Health** – Request for approval to accept and expend a grant from the State Department of Mental Health in the amount of $226,566, and a grant from the San Francisco Private Industry Council, in the amount of $832,500, for a three-year youth development and crime prevention initiative, for the period of July 1, 2001 to June 30, 2004. 2004.
** Calendaring request memo, Grant information form, Budget form*

(3.5) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Conard House in the total amount of $8,388,980, to provide mental health services, for the period of July 1, 2001 through June 30, 2003. 2004.
** Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(3.6) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Regents of the University of California San Francisco, Center on Deafness, in the amount of $435,397 per year, for a total contract amount of $1,741,588, to provide mental health safety net services, for the period of July 1, 2001 through June 30, 2005. 2004.
** Calendaring request memo, Client demographic information forms, Monitoring report summary*

(3.7) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount $6,725,769, for the provision of residential, rehabilitative and intensive day treatment services, for the period of July 1, 2001 through June 30, 2002. 2004.
** Calendaring request memo, Monitoring report summaries, Addendum to program review, Client demographic information forms*

(3.8) **PHP- Substance Abuse** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,389,541, to provide substance abuse services, for the period of July 1, 2001 through June 30, 2002. 2004.
** Calendaring request memo, Monitoring report summaries, Addendum to program review*

(3.9) **PHP- Substance Abuse/Mental Health** – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $967,783 per year, for a total contract amount of $3,871,132, to provide outpatient and day treatment substance abuse program services, for the period of July 1, 2001 through June 30, 2005. 2004.
** Calendaring request memo, Client demographic information forms, Monitoring report summaries*

(3.10) **PHP- Substance Abuse/Mental Health** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $7,310,206, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2001 through June 30, 2002. 2004.
** Calendaring request memo, Client demographic information forms, Monitoring report*

(3.11) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Swords to Plowshares in the amount of $422,741 per year, for a total contract amount of $1,690,964, to provide mental health services, for the period of July 1, 2001 through June 30, 2005. 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.12) **PHP-TB Control** – Request for approval of a retroactive contract renewal with the Regents of the University of California San Francisco, in the amount of $238,764, for the provision of physician and radiologist services in the SFGH TB Clinic, for the period of July 1, 2001 through June 30, 2002. 2004.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.13) **PHP-Health Promotion** – Request for approval of a contract renewal with International Institute of San Francisco, in the amount of $273,412, to provide refugee preventive health services, for the period of October 1, 2001 through September 30, 2002. 2004.
** Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.14) **PHP- Health Promotion** – Request for approval of a new contract with Polaris Research and Development, Inc., in the amount of $271,577 to provide services to the Black Infant Health Program, for the period of October 1, 2001 through June 30, 2002. 2004.
** Calendaring request memo*

(3.15) **AIDS Office-Surveillance** – Request for approval of a new retroactive sole source contract with WESTAT Inc., in the amount $324,702, to provide telephone interview services for an HIV Seroincidence Study, for the period of July 1, 2001 through December 31, 2001. 2004.
** Calendaring request memo*

(3.16) **Central Administration-Finance** – Request for approval to increase the revolving fund for Population Health and Prevention by $18,000 to $43,000.
** Calendaring request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) UPDATE**
(Diane Keefer, Chief Compliance Officer)
**Report*

6) **FOR DISCUSSION:** **ENVIRONMENTAL HEALTH ANNUAL REPORT**
(Dr. Rajiv Bhatia, Director, Environmental Health)
**Report*

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**
**List of Awardees*

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of unlitigated claim for $30,000 in the Luis Lazaro (a minor) vs. CCSF et al, Superior Court, Case #00-04054

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) **OTHER BUSINESS/PUBLIC COMMENTS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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10/16/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
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Web Site: *http://www.dph.sf.ca.us*

MINUTES

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

NOV - 2 2001

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, October 16, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

1) CALL TO ORDER

The meeting was called to order by President Roma P. Guy, M.S.W., at 3:15 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner David Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 2, 2001

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) approved the minutes of the October 2, 2001 meeting, with one correction to reflect the correct spelling of Richard Heasley's name.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired, and Commissioner Jackson attended, the Budget Committee meeting.

(3.1) **CHN-Revenue Management** – Request for approval of a new contract with Health Advocates, LLP, to enhance Medi-Cal and other third-party reimbursements at San Francisco General Hospital, with reimbursement based on a sliding scale contingency fee, for the period of certification through December 31, 2005.

(3.2) **PHP-STD Prevention and Control** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control in the amount of $901,544 to study the efficacy of condom-use skills-building workshops, for the period of September 30, 2001 through September 29, 2004 and a sole source contract with the Regents of the University of California San Francisco, Center for AIDS Prevention Studies, in the amount of $701,226, for the period of November 1, 2001 through October 31, 2004.

(3.3) **PHP-Mental Health** – Request for approval to accept and expend a grant from the California Department of Mental Health in the amount of $2,913,000 for the Older Adult System of Care Demonstration Project, to create an innovative collaborative model among the physical health primary care system, the mental health system, providers of dementia care and adult protective services; and utilizing a residential care facility and peer counseling, for the period of Fiscal Years 2001-02, 2002-03 and 2003-04.

(3.4) **PHP- Mental Health** – Request for approval to accept and expend a grant from the State Department of Mental Health in the amount of $226,566, and a grant from the San Francisco Private Industry Council, in the amount of $832,500, for a three-year youth development and crime prevention initiative, for the period of July 1, 2001 to June 30, 2004.

(3.5) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Conard House in the total amount of $8,388,980, to provide mental health services, for the period of July 1, 2001 through June 30, 2003.

(3.6) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Regents of the University of California San Francisco, Center on Deafness, in the amount of $435,397 per year, for a total contract amount of $1,741,588, to provide mental health safety net services, for the period of July 1, 2001 through June 30, 2005.

(3.7) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount $6,725,769, for the provision of residential, rehabilitative and intensive day treatment services, for the period of July 1, 2001 through June 30, 2002.

(3.8) **PHP- Substance Abuse** – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $3,389,541, to provide substance abuse services, for the period of July 1, 2001 through June 30, 2002.

Items 3.7 and 3.8 were called together.

At the request of Commissioner Monfredini, Monique Zmuda summarized the findings of the audit that was done of the Baker Places, Inc. contracts. Ms. Zmuda stated that she requested that the Office of Internal Audit perform a limited review of the agency's credit card transactions. The audit found that the agency did not adequately control credit card transactions, that it misclassified expenditures, it did not follow certain federal limits, that there were weaknesses in some purchasing practices, and that there was a lack of an allocation plan for indirect costs. In essence there was insufficient documentation to show why the expenditures were made. It appeared that

approximately $30,000 of the expenses could have been personal in nature or not appropriate to be charged to the City and County. Ms. Zmuda stated that as soon as the discrepancies were noted, both the Executive Director and the Chief Financial Officer immediately cooperated with Department staff. Ms. Zmuda feels confident that enough corrective actions have been taken by the agency. In addition, they have agreed to repay the City and County for inappropriate expenditures. Ms. Zmuda ended by saying that she was going to reinforce to all contract agencies, via a directive, that credit card usage must be very tightly controlled.

Jonathan Vernick, Executive Director for Baker Places, stated that the agency made serious errors, and they worked very closely with the auditors to address the deficiencies. Mr. Vernick stated that he is the origin of many of the problems they are dealing with, but now they are appropriately dealing with the wrongs of the past. He assured the Commission that this would never happen again.

Pablo Bravo, Chief Financial Officer for Baker Places, stated that he has looked at the agency's internal infrastructure and made all of the necessary corrections.

Cory Bush, Vice President of the Board of Baker Places, stated that after the audit findings were presented, the Board immediately got involved to correct the situation. The Board is determined to make sure this does not happen again. In addition, Mr. Bush said that the Board intends to establish a Finance Committee, to provide better oversight and direction to all financial issues.

Commissioners' Comments

- Commissioner Monfredini said that the programs received excellent reviews. However, the financial problems that were identified by the audit are of great concern. Commissioner Monfredini emphasized that funds were not stolen from the agency, and that problems that the agency is facing are not of that nature. Nonetheless, they still are serious. It is critical that organizations keep good financial records. Commissioner Monfredini urged Baker Places to expand its Board of Directors, and establish a Finance Committee within the Board structure.

- Commissioner Jackson stated that in these difficult economic times, non-profit organizations unfortunately are very vulnerable in terms of funding, and they cannot afford even the appearance of impropriety. Commissioner Jackson continued that money is tough and the Department needs non-profits and community providers desperately, and cannot afford to lose the trust of the public.

(3.9) **PHP- Substance Abuse/Mental Health** – Request for approval of a retroactive contract renewal with Iris Center, in the amount of $967,783 per year, for a total contract amount of $3,871,132, to provide outpatient and day treatment substance abuse program services, for the period of July 1, 2001 through June 30, 2005.

The Department recommended modifying the contract so the term would be one year, instead of four years.

Commissioners' Comments

- Commissioner Monfredini, noting low performance ratings given to the Iris Center, asked the Executive Director of the agency to explain the steps that were being taken to improve performance and documentation. Trena Patton, Interim Executive Director, responded that while the services were being delivered, the documentation to support the work was not compiled and reported to the Department. She is working with the program manager to develop a system so that all data can be adequately reported to the Health Department. Commissioner

Monfredini reiterated the importance of documentation, because otherwise the Department has no way of knowing if these critical services were delivered to clients. She also emphasized that the Department staff is available to the agency to offer assistance and help them be successful. Commissioner Monfredini concurred with the Department's recommendation to modify the contract to a one-year term.

- Commissioner Jackson stated that he was perplexed that the agency itself was not aware that they had a problem. He said that agencies need to be proactive in ensuring that everything is in order. This program is critical to the community, and the Health Department needs to be sure the services are being delivered.

(3.10) **PHP- Substance Abuse/Mental Health** – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $7,310,206, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Jackson commended Walden House for its high-quality services. She asked why the agency had a high level of voluntary discharge in its Adolescent Substance Abuse Treatment program. Jim Stillwell, Interim Director for Community Substance Abuse Services, responded that the Department and the Agency are going to research this question. Don Frasier, Contracts Manager for Walden House, added that clinical staff is examining this issue on an on-going basis.

- Commissioner Monfredini asked the Department to explain its recommendations that relate to the BASN Program. Mr. Stillwell responded that they will be working with the agency to gather data on both status of discharge and on length of stay for program participants.

(3.11) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Swords to Plowshares in the amount of $422,741 per year, for a total contract amount of $1,690,964, to provide mental health services, for the period of July 1, 2001 through June 30, 2005.

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(3.16) **Central Administration-Finance** – Request for approval to increase the revolving fund for Population Health and Prevention by $18,000 to $43,000.

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) approved the Consent Calendar of the Budget Committee, with the modification to Item 3.9 to reflect a one year term, rather than a four year term.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)

Numerous Anthrax Scares; Department is Prepared for Potential Bioterrorist Attack
Over the past four days, San Francisco has been deluged with calls of suspected Anthrax exposures. To date, all calls have proven to be false alarms, including the substance found at City Hall yesterday. Most of the calls were sparked by receipt of an envelope or package that had a white powdery substance. The Department had a similar episode today at 101 Grove, Room 100 when an envelope was found containing white powder. This incident is currently being investigated and the room is cordoned off.

The Department has a finely calibrated system for dealing with each incident. After 9-1-1 is called the police and fire department respond and remove the substance from the premises. The Toxics unit of the Environmental Health Division responds in a consultative role. The Public Health Laboratory has developed a protocol to test for Anthrax in clinical samples.

Understandably there has been great concern from the public about the possibility of the bacterium Anthrax or other bioterrorism. In response to these concerns, the SFDPH web site is being updated daily to provide accurate and timely information about the prevention and control of biological threats (BT) to populations from natural disasters, accidents, or intentional acts (bioterrorism). http://www.medepi.org/sfdph/bt/index.html

The Department has joined with the San Francisco Medical Society in urging Doctors and lay persons to avoid use of unnecessary antibiotics. Dr. Tomas Aragon has done a large number of trainings with our staff as well as with community physicians.

Although there have been no Anthrax reports in San Francisco or in California as a whole, we are recommending that people handling large volumes of mail wear gloves. The benefit of this is that it should prevent exposure if there was an actual Anthrax exposure and it also decreases concern of persons who are exposed to substances that have not yet been identified.

More broadly the Department has done extensive emergency preparedness planning. It has ample supplies of antibiotics and other medical supplies. The Department has been part of a federal MMST project, which has given it the capability to respond to a number of potential incidents. Dr. John Brown, the Medical Director of the EMS agency gave testimony today at the Economic Vitality, Small Business and Social Policy Committee at the request of Supervisor Sandoval.

One unexpected benefit of these false alarms is that it has greatly facilitated the Department's emergency response preparedness, and Dr. Katz feels confident that we have the capability to respond appropriately to any emergencies.

Evaluation of Case Management for HIV-Infected Persons Published in the *Annals of Internal Medicine*

The *Annals of Internal Medicine* published a study evaluating the effectiveness of case management for HIV-infected persons. Consistent with prior studies of case management, we found that case management was effective in increasing the proportion of HIV-infected persons who received key supportive services, including income assistance and health insurance. The most startling finding was that case management also increased the proportion of HIV-infected persons who received triple combination therapy—a life saving intervention. The study was part of the national HIV Cost and Services Utilization Study, which the Department of Health was one of the many collaborators. Dr. Katz was the lead author on the article. The article was accompanied by an editorial urging the federal government to fully fund the Ryan White Care Act so that services such as Case Management would continue to be available.

Single Room Occupancy Hotel Fire

A fire broke out at the Casa Loma Hotel on the corner of Fell and Fillmore Sunday morning at 7am. Thirty-nine tenants in 22 units were displaced. The Department of Public Health was among the first City responders. The Department set up a Red Cross triage facility at Walden House located one block away at Hayes and Fillmore. All tenants were vouchered into the Travel Lodge for a few nights until more permanent housing could be located.

Primary Care Administrator Appointed

Dr. Patricia Perez-Arce, currently serving as the Castro Mission Health Center Director, has been appointed to the position of Primary Care Administrator. Dr. Perez-Arce will begin her new appointment on November 5, 2001. Primary Care will be well served by an administrator with Dr. Perez Arce's skills and experience.

The Department is very grateful to Gay Kaplan, who has ably filled in as the Interim Primary Care Administrator for the past 7 months.

Health Center Featured in the San Francisco Chronicle

The Potrero Hill Health Center was featured in the Sunday October 7, 2001 San Francisco Chronicle Magazine. The article, written by staff reporter Mike Weiss, chronicles the history of the health center and describes the support it engenders from the community it serves. The article also documents the concern and dedication of the health center staff.

ADAPT Protect of LHH Replacement Project

ADAPT (American Disabled for Attendant Programs Today) is holding its annual conference in San Francisco from October 20 - 25th. The ADAPT group is a special interest group which advocates for community based care programs and support services for the disabled population.

ADAPT is planning a protest at Laguna Honda Hospital, October 21st opposing the rebuild efforts. The Department has been working with other City agencies to ensure the protest is peaceful and does not disrupt normal hospital operations. Laguna Honda resident care programs and progress on the replacement project will continue without interruption.

Chinese Women's Cancer Support

The Chinese Women's Cancer Support group held a celebratory luncheon October 11th at the Chinatown Health Center. The book "Our Stories" was presented as well as a Quilt made by the members. "Our Stories" involves 24 women from the support group, telling their personal journeys with cancer. It is a unique and moving account of their experiences. Three of the group members

courageously shared their experiences with the audience. The book is in English and Chinese and includes guidelines for cancer screening. To obtain copies call the Health Center at 705-8500.

COMMUNITY HEALTH NETWORK
SAN FRANCISCO GENERAL HOSPITAL
OCTOBER 2001
Health Commission - Director of Health Report
(from 10/01/01 MEC and 10/16 SFGH)

	10/01	2001 YTD
New Appointments	6	71
Reinstatements	1	6
Reappointments	40	353
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	4	129
Disciplinary Actions	0	0
Restriction/Limitation- Privileges	0	0
Changes in Privileges		
Additions	0	16
Voluntary Relinquishments	4	20
Proctorship Completed	0	118
Current Statistics – as of 10/1/01		
Active Staff		369
Affiliate Professionals (non-physicians)		183
Courtesy Staff		488
Referring Staff		43
Total Members		1,083
Applications In Process		100
Applications Withdrawn Month of September 2001		0
SFGH Reappointments in Process Through February 2002		229

Commissioners' Comments

- Commissioner Monfredini asked how many anthrax cases were reported in the United States prior to September 11, 2001. She also asked Dr. Katz to comment on the repercussions of taking antibiotics unnecessarily. Dr. Katz responded that there have been approximately 130 cases of anthrax per year, most of which were in people who worked closely with livestock. With regard to antibiotics, Dr. Katz said that there are significant dangers associated with taking antibiotic when they are not needed, and he recommends that people not do so. Commissioner Monfredini asked when smallpox vaccinations were discontinued, to which Dr. Katz replied that they stopped in the early 1970s. Commissioner Monfredini thanked Dr. Katz for his calmness and sense of assurance in the face of the anthrax scares. It is very reassuring to the public.

- Commissioner Parker asked if there are prevention efforts targeting SRO hotels, as it seems as if SRO fires have been occurring frequently. Anne Kronenberg responded that the Mission and

Chinatown SRO Collaboratives help tenants of SRO hotels prevent fires. The collaboratives work closely with the Fire Department and the Bureau of Environmental Health.

- Commissioner Chow stated that, with regard to potential bioterrorist attacks, the ties between the Department of Public Health and the medical community are critical, and the Department has done a great job working with the San Francisco Medical Society, the Hospital Council and other entities. Commissioner Chow said that he had the pleasure of attending the October 11th celebration for the Chinese Women's Cancer Support Group at the Chinatown Health Center. He said that the fact that women in the Chinese community put their feelings in writing is truly monumental, and it is due to the outstanding and pioneering work of Health Center staff. Commissioner Chow then congratulated Dr. Katz for being the lead author of the *Annals of Internal Medicine* article.

- Commissioner Guy commended the staff for their dedicated and consistent response to SRO fires. She stated that staff's response to the anthrax scares has been laudable, both in regard to calming people's fears and being ready and able to respond to actual incidents. Commissioner Guy said that, in light of the events of the past month and the critical role the Department of Public Health has in bioterrorism and disaster response, the Commission and the Department might need to examine its mission over the next several months.

5) **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) UPDATE**
(Diane Keefer, Chief Compliance Officer)

Diane Keefer, Chief Compliance Officer for the Department of Public Health, updated the Commission on the status of complying with the health Insurance Portability and Accountability Act (HIPAA). HIPAA, which was signed into law in 1996, has numerous provisions. The Administrative Simplification Subpart is what currently impacts the Department of Public Health. Under this Subpart, all covered entities such as health care providers and health plans must implement standards that are intended to improve efficiency, reduce paperwork, and protect security and privacy of individually identifiable health information.

To ensure compliance with the many provisions of HIPAA, a steering committee was appointed by Dr. Katz.

Ms. Keefer stated that four task forces have been established to focus on the specific provisions of the HIPAA final rules:
- Transaction Standards and Code Sets (TCS) Task Force
- Privacy Regulations Task Force
- Security Regulations Task Force
- Business Associates Task Force.

Donna Jacobs, Information Ssytems Manager for SFGHMC, the co-chair of the Transaction Standards and Code Sets Task Force, gave an overview of the work of the task force. This task force is charged with implementing the standards for the electronic exchange of administrative and financial transactions. Compliance is required by October 16, 2002.

Transaction Standards and Code Sets Task Force Next Steps
- Analyze which systems and transactions will require remediation, either by a contract vendor or through in-house IS staff, to meet the required standards.

- Complete Business Associate surveys to determine vendor readiness and their timelines for HIPAA compliance.

Cheryl Austin, Director HIS, SFGHMC and co-chair of the Privacy Task Force, described the work of the task force. The HIPAA privacy regulations create standards for the protection, use and disclosure of individually identifiable health information. Compliance with the Final Rule for Privacy is required by April 14, 2003.

Privacy Task Force Next Steps

- Assessment surveys of DPH Policies and Procedures (GAP analysis) to determine how Protected Health Information is created, modified, transferred, reviewed, disclosed and maintained by DPH employees.
- Review each provision of the Privacy Regulations to determine the scope of implementation.

Dave Counter, Director of DPH Information Systems and chairperson of the Security Regulations Task Force, overviewed the work of the task force, which is charged with implementing the Security Regulations that are expected to be finalized in the next few months. Compliance with these regulations is required by January-February 2004.

Security Task Force Next Steps

- Continue to participate in all DPH HIPAA management efforts and provide complance monitoring reviews.
- Convene a formal HIPAA IT Security Task Force to address HIPAA requirements.
- Formalize the Security Officer function along with the Privacy Officer, and develop a Security Awareness Program.
- Complete an internal HIPAA Security Gap Analysis.
- Identify and budget technical components required by HIPAA including data integrity, message authentication and encryption technology.
- Implement all current and future HIPAA security requirement solutions as a top priority for DPH information technology work teams.

Ms. Keefer described the work of the Business Associate Task Force, which she co-chairs. This task force is charged with identifying all DPH contractors that have access to protected health information, and ensuring that they are HIPAA compliant.

Business Associate Task Force Next Steps

- Identifying and defining vendor relationships to determine which fall under HIPAA regulations.
- Developing contract addendum language for inclusion in identified contracts.

Ms. Keefer then described the training needs and cost implications for the implementation of HIPAA.

Commissioners' Comments

- Commissioner Jackson asked for a cost estimate for HIPAA compliance. Ms. Keefer responded that it is difficult to predict the cost to the Department of Public Health, but the industry predicts a $22 billion cost over ten years. However the industry will reap some savings as well.

- Commissioner Guy asked how the department would ensure that DPH contractors and UCSF comply. Ms. Keefer responded that they are currently working with UCSF, and have two UC employees on the steering committee. They are developing an MOU that states that UCSF will observe all privacy requirements. Mr. Counter said that, with regard to the security issue, they have a collaborative relationship with UCSF, but some challenges exist. UCSF is building firewalls around its patient data. However, there is a philosophical perspective that research data should be open and accessible. In the future there will need to be a policy decision about the level of protection for research data.

- Commissioner Chow asked about the current practice for sharing patient information with contractors. Ms. Keefer responded that the Department performs access audits so they can see who is accessing what information. She added that the Department can terminate contracts if they do not comply with security and privacy requirements.

- Commissioner Parker asked if, since HIPAA is a federal mandate, there were any federal funds to support implementation. Ms. Keefer responded that there were not.

6) **ENVIRONMENTAL HEALTH ANNUAL REPORT**
(Dr. Rajiv Bhatia, Director, Environmental Health Section)

Dr. Rajiv Bhatia presented the Environmental Health Annual Report. Dr. Bhatia described the activities of the past year using a power point presentation (Attachment A). Dr. Bhatia began the presentation by stating that the mission of the Environmental Health Section is to ensure safe and healthy living and working conditions for all San Franciscans. Dr. Bhatia then described the strategies of the program. First and foremost, Environmental Health enforces the mandatory environmental health laws and regulations. To do that requires working with other agencies in interagency collaborations. Then Dr. Bhatia described desired outcomes, which include program consistency, legal compliance, an informed public, active collaborations, evidence-based interventions and healthy policies.

Dr. Bhatia then highlighted some of the programs that Environmental Health has focussed on over the past year. First, the section developed specific quantitative program standards and quantitative measures. They focussed on revenue enhancement to ensure that private businesses pay for the services they receive. The Section also has been spending a lot of time on disaster and emergency response. A special enforcement project was developed at Fisherman's Wharf to address a burgeoning rat infestation in the area. Environmental Health has been working with the Department of Building Inspection to see that the sources of indoor mold are addressed. They assisted the Housing Authority in the clean up and development of the contaminated property at Bernal Dwellings. In addition, the Hotel Inspection Program Unit has broadened its role to participate in the SRO Hotel Work Group. With regard to assessment and information, Environmental Health has done research on the Potrero Power Plant and Diesel Bus Emissions.

Dr. Bhatia then discussed two community programs that Environmental Health has been involved in: Day Laborers Partnership and Youth Envision. The goal of the Day Laborers Partnership is to reduce occupation injuries and public exposures due to construction. The Section has held bimonthly trainings, distributed Spanish language fact sheets, and sought grant support. The goal of Youth Envision is to improve access to healthy and affordable food in Bayview Hunters Pont. The Section has trained 20 youth interns, conducted more than 200 food access surveys, identified four primary food strategies, conducted five community presentations, started a farmers market and collaboratively sought funding.

Dr. Bhatia then described the intervention research that had been performed by the Section, including an analysis of living wage on health. Dr. Bhatia then spoke about Health Impact Assessments, a policy tool to assess public policy, public programs and public decisions for health impacts. These assessments specifically reflect shareholder values, local knowledge, data and evidence, and a broad variety of impacts. They are pilot testing this with the Redevelopment Agency. They hope to do approximately 10 Health Impact Assessments this year.

Commissioners' Comments

- Commissioner Monfredini asked how the Environmental Health Section was dealing with the pressures of the past few weeks. Dr. Bhatia responded that staff is under a lot of stress, but working together and supporting each other.

- Commissioner Chow asked how many staff work in the Environmental Health Division. Dr. Bhatia responded that there is approximately 110 staff. Dr. Bhatia said that while the scope of work has grown, the staff really has not. They have been able to achieve the same standards through efficiencies.

- Commissioner Umekubo asked what role the Department plays in cleaning toxic sites that are beyond the jurisdiction of the City and County of San Francisco. Dr. Bhatia responded that, with regard to the Hunters Point Shipyard, the U.S. Navy is the ultimate decision-maker. However, the Department has a staff member assigned to the project to monitor all proposals and progress. Dr. Bhatia stated that the Department has a very limited role in situations such as these. The best way the Department can be effective is to stand behind the community.

- Commissioner Parker asked if the Department could project healthcare cost savings that have resulted from the implementation of the Living Wage Ordinance, given the mortality data that resulted from the analysis. Dr. Bhatia responded that mortality data does not allow for these projections, but he could conduct more of those studies and look at what the research shows.

- Commissioner Jackson asked whether the restaurants were informed in advance that they would be inspected. Dr. Bhatia said they were not. Dr. Bhatia added that, in the next few months, a website would be established so the public can see when a particular restaurant was inspected, what the findings were, and the date any violations were corrected.

- Commissioner Guy asked about the progress of the mold program. Dr. Bhatia responded that, in the specific targeted areas, there is a lot of activity. The Department recorded all the instances of mold in those areas. Most people were able to comply with the requirement to clean in up. The challenge will come when the mold recurs, and getting at the root cause. The Department is working with the Department of Building Inspection and Supervisor Maxwell's office.

7) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF OCTOBER**

Commissioner Harrison Parker presented the employee recognition awards.

Awardees	Division	Nominated by
Cynthia Selmar, Director African American Health Initiative	Community Health Promotion and Prevention	Larry Meredith and Jimmy Loyce, CHPP
Maureen O'Neill, Social Work Supervisor	CHN-Silver Avenue Family Health Center	Lisa Golden, M.D., A. Kane, M.D., and other SAFHC staff

8) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) voted to hold a Closed Session.

The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) went into Closed Session at 5:25 p.m.

Individuals present were all commissioners except Commissioner Sanchez, Mitch Katz, Gene O'Connell, Alison Moed, Mathew Rothschild, and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of unlitigated claim for $30,000 in the Luis Lazaro (a minor) vs. CCSF et al, Superior Court, Case #00-04054

The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) came out of Closed Session at 5:48 p.m.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) approved the $30,000 settlement in Luis Lazaro (a minor) v. CCSF et al, Superior Court, Case No. 00-04054.

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Guy, Chow, Jackson, Monfredini, Parker, Umekubo) voted not to disclose any discussions held in Closed Session.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 5:49 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (1)

San Francisco Department of Public Health
Environmental Health Section
Annual Report

San Francisco Health Commission
October 16th, 2001

Our Mission

To ensure safe and healthy living and working conditions for all San Franciscans

Contexts of Population Health

Individual Health

⇑

Behaviors & Risks

⇑

Social Relationships

⇑

Living & Working Conditions

⇑

Policies, Institutions, & Laws

Strategies

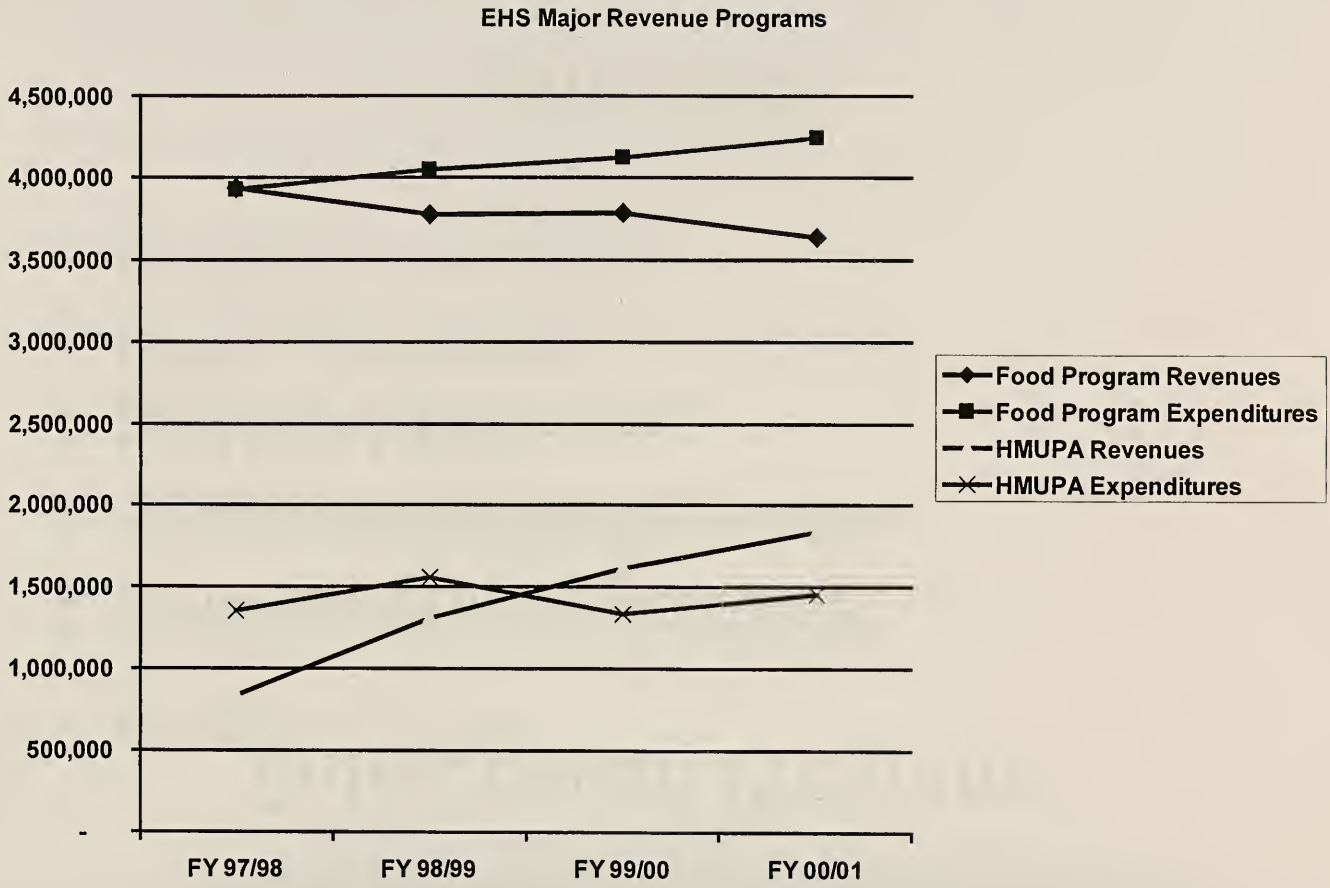
- Enforcement of Laws & Regulations
- Inter-agency Collaborations
- Assessment & Information
- Community Collaborations
- Intervention Research
- Health Impact Assessment

Outcomes

- Program consistency
- Legal Compliance
- Informed Public
- Active Collaborations
- Evidence Based Interventions
- Healthy Policies

Enforcement Programs

- Consistent program standards
- Quantitative program measures
- Revenue enhancement


EHS Major Revenue Programs
4,500,000
4,000,000
3,500,000
3,000,000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
-
FY 97/98
FY 98/99
FY 99/00
FY 00/01
Food Program Revenues
Food Program Expenditures
HMUPA Revenues
HMUPA Expenditures

Inter-agency Collaborations

- Disaster and Emergency Response
- Fisherman's Wharf
- Indoor Mold & Moisture
- Bernal Dwellings
- Expansion of SRO program

Assessment & Information

- Potrero Power Plant
- Diesel Buses Emissions
- AIMCO Properties Public Housing

Community Collaborations

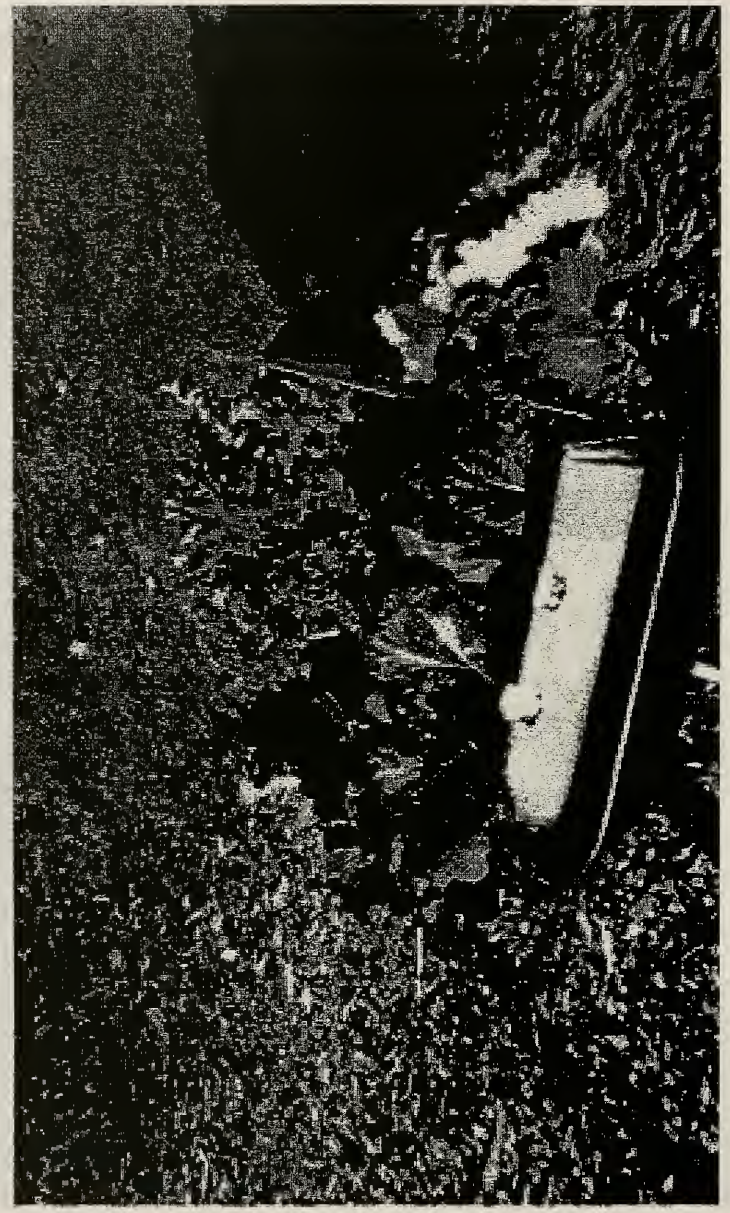
- Day Laborers Partnership
- Youth Envision

Day Laborers Partnership

Goals	Reduce occupational injuries & public exposures due to construction
Partners	Day Laborers Union Centro De La Raza Labor Occupational Health Program State OSHA & DHS
Accomplishments	Bimonthly training Spanish Language Fact Sheets Sought grant support

Youth Envision

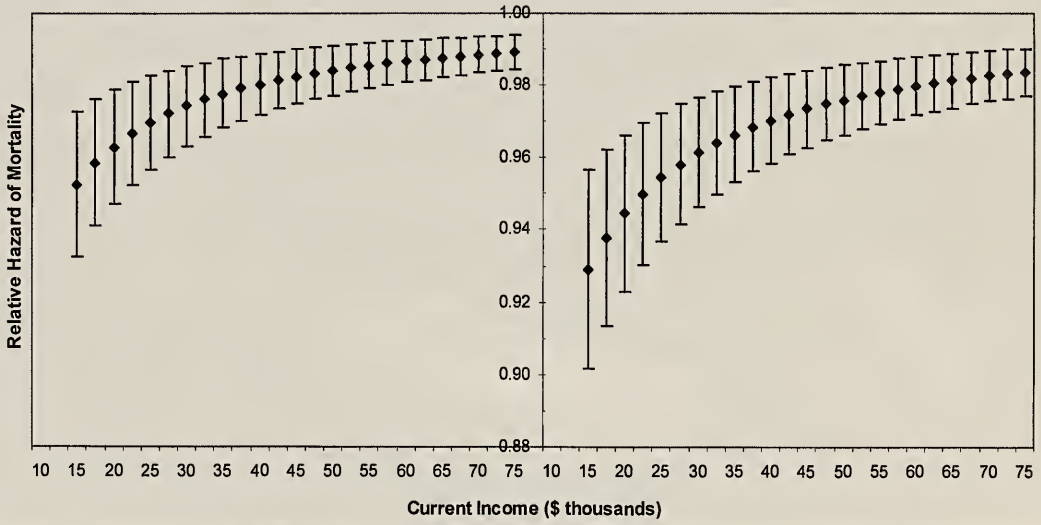
Goals	Improve access to healthy and affordable food in Bayview Hunter's Point
Partners	San Francisco League of Urban Gardeners Literacy For Environmental Justice
Accomplishments	Trained 20 youth interns Conducted >200 food access surveys Identified 4 primary food strategies Conducted 5 community presentations Started a farmers market in BVHP Collaboratively sought funding



Intervention Research

- Living Wage Health Analysis
- Supportive Housing Cost-effectiveness
- Healthy Homes For Healthy Airways
- Food & Activity Ethnography

Figure 1. Estimated mortality risk reduction due to the San Francisco Living Wage among full time workers age 24-44

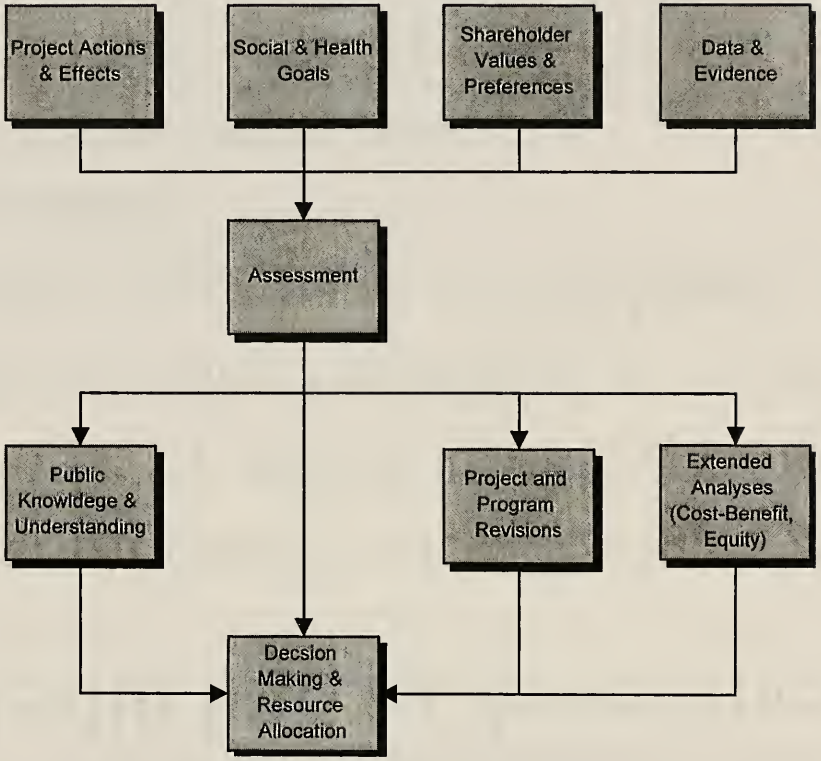


Health Impact Assessment

- "...a combination of procedures or methods by which a policy, program, or project may be judged as to the effects it may have on the health of a population."

Reference: WHO Regional Office for Europe

HEALTH AND SOCIAL IMPACT ASSESSMENT



Why Health Impact Assessment?

- Bridges disciplines & issues
- Makes health impacts visible
- Exposes inequity
- Values and incorporates local knowledge
- Develops citizen expertise

Current & Planned Activities

- Researched best practices for HIA
- Developed rapid assessment tools
- Conducting pilot studies with community members

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

FIRST CLASS MAIL

Roma P. Guy, M.S.W.
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Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

NOV - 2 2001

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Tuesday, November 6, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR THAT HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 16, 2001**
**Minutes of October 16, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **PHP-AIDS Office** - Request for approval to accept and expend retroactively a new one-year grant from the DHHS Office of Minority Health in the amount of $1,105,000 to improve health outcomes for women and minorities, for the period of September 30, 2001 to September 29, 2002, and four sole source contracts with: Dolores Street Community Services, Mission Neighborhood

Health Center, UCSF Positive Health Practice for Men and UCSF Positive Health Practice for Women, and two MOUs with: Castro-Mission Health Center, and San Francisco General Hospital, for the same time period.
** Calendaring request memo, Grant information form, Budget justification*

(3.2) **PHP-Health Promotion and Prevention** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control and Prevention in the amount of $2,700,000 for the SevenPrinciples Project to eliminate racial and ethnic disparities in infant mortality rates for the period of September 29, 2001 to September 28, 2004, and two sole source contracts with: Booker T. Washington Community Services Center in the amount of $180,000 per year and the UCSF San Francisco Family Health Outcomes Project in the amount of $180,000 per year for the same time period.
** Calendaring request memo, Grant information form, Budget pages*

(3.3) **PHP–CMHS** – Request for approval to enter retroactively into a cooperative program agreement with the California Department of Rehabilitation, including a required match of $289,163, to provide vocational services to mentally-ill psychiatric clients, for the period of July 1, 2001 to June 30, 2004.
** Calendaring request memo, Scope of work, Budget summary*

(3.4) **PHP–CMHS** – Request for approval to accept and expend retroactively a new three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of $1,200,000 to expand mental health services for racial and ethnic minority transgenders in non-mental health settings, for the period of October 1, 2001 to September 30, 2004, and a sole source contract with the Regents of the University of California on behalf of the San Francisco Center for AIDS Prevention Studies (CAPS), Health Studies for People of Color program, in the amount of $619,662 for the same time period.
** Calendaring request memo, Grant information form, Budget form*

(3.5) **PHP–AB75** – Request to authorize adoption of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) Program Funds for Fiscal Year 2001-02.
** Calendaring request memo, Description pages, Detail pages*

(3.6) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $8,185,673, to provide mental health residential, outpatient and day treatment services for adult residents of San Francisco, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms, Plan of Correction letters.*

(3.7) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Recreation Center for the Handicapped, in the amount of $86,095 per year for a contract total of $344,380, to provide behavioral day treatment services, for the period of July 1, 2001 through June 30, 2005.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with Friendship House Association of American Indians, in the amount of $270,220, to provide a drop-in center targeting Native Americans, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Client demographic information form*

(3.9) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc. (HAFC), in the amount of $5,144,002, for the provision of substance abuse services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Letter from HAFC, Response letter from DPH, Client demographic information forms*

(3.10) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,805,900, to provide substance abuse and mental health services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Plan of corrections letters, Client demographic information forms*

(3.11) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Episcopal Community Services of San Francisco, Inc., in the amount of $603,245, for the provision of mental health and substance abuse services for homeless individuals, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summaries, Plan of correction letter, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **FOR DISCUSSION:** **STATE LEGISLATIVE UPDATE**
(Colleen Johnson, Acting Director, Office of Policy and Planning)
**Update*

6) **FOR DISCUSSION:** **SUBSTANCE ABUSE UPDATE: HEROIN**
(Barbara A. Garcia, Deputy Director, Community Health Programs, Community Health Network)
**Report*

7) **FOR DISCUSSION:** **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH'S FIRST QUARTER REVENUES AND EXPENDITURES, AND PLAN TO ADDRESS CITYWIDE REVENUE SHORTFALL**
(Monique Zmuda, DPH Chief Finance Officer)
**Report*

8) **OTHER BUSINESS/PUBLIC COMMENTS**

9) **CLOSED SESSION**

A) Public comment on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of $9,500 in Patient Doe v. CCSF, et al, U.S. District Court Case No. C01-2773 CW.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

SF
H20
#2
1/6/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 6, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

DOCUMENTS DEPT.

NOV 19 2001

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PUBLIC LIBRARY

1) CALL TO ORDER

The Health Commission meeting was called to order by President Roma P. Guy, M.S.W., at 3:10 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sánchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D. – arrived at 4:35 p.m.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF OCTOBER 16, 2001

Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Parker, Sanchez) approved the minutes of the October 16, 2001 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioner Jackson and Commissioner Monfredini attended, the Budget Committee meeting.

(3.1) **PHP-AIDS Office** - Request for approval to accept and expend retroactively a new one-year grant from the DHHS Office of Minority Health in the amount of $1,105,000 to improve health

outcomes for women and minorities, for the period of September 30, 2001 to September 29, 2002, and four sole source contracts with: Dolores Street Community Services, Mission Neighborhood Health Center, UCSF Positive Health Practice for Men and UCSF Positive Health Practice for Women, and two MOUs with: Castro-Mission Health Center, and San Francisco General Hospital, for the same time period.

Commissioners' Comments

- Commissioner Sanchez commented that one key component of the grant is enhanced data collection, which is critical for quality assurance purposes and will add to the depth of the program.

- Commissioner Monfredini stated that she is uncomfortable with the Black Coalition on AIDS receiving funding through this grant, given the problems they have been experiencing with their contract. Michelle Long Dixon responded that the Black Coalition on AIDS is not receiving any of the grant money. Rather, the money will fund a UCSF staff position, which will be outstationed at the Black Coalition on AIDS.

(3.2) **PHP-Health Promotion and Prevention** – Request for approval to accept and expend retroactively a new three-year grant from the Centers for Disease Control and Prevention in the amount of $2,700,000 for the SevenPrinciples Project to eliminate racial and ethnic disparities in infant mortality rates for the period of September 29, 2001 to September 28, 2004, and two sole source contracts with: Booker T. Washington Community Services Center in the amount of $180,000 per year and the UCSF San Francisco Family Health Outcomes Project in the amount of $180,000 per year for the same time period.

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Commissioners' Comments

- Commissioner Jackson asked the agencies' success rates for job placements. Daniel Michael, Program Director from Richmond Area Multi-Services, responded that every year they have either met or exceeded the State Department of Rehabilitation goals. The program director from Community Vocational Enterprises stated that the CVE program is 80 percent successful.

(3.4) **PHP–CMHS** – Request for approval to accept and expend retroactively a new three-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the amount of $1,200,000 to expand mental health services for racial and ethnic minority transgenders in non-mental health settings, for the period of October 1, 2001 to September 30, 2004, and a sole source contract with the Regents of the University of California on behalf of the San Francisco Center for AIDS Prevention Studies (CAPS), Health Studies for People of Color program, in the amount of $619,662 for the same time period.

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This item was continued to the November 20, 2001 Health Commission meeting.

(3.11) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Episcopal Community Services of San Francisco, Inc., in the amount of $603,245, for the provision of mental health and substance abuse services for homeless individuals, for the period of July 1, 2001 through June 30, 2002.

Action Taken: The Commission (Chow, Guy, Jackson, Monfredini, Parker, Sanchez) approved the Consent Calendar of the Budget Committee, with the exception of Item 3.10, the contract with Bayview Hunters Point Foundation, which was continued to the November 20, 2001 Health Commission meeting.

4) DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)

Bioterrorism Preparedness

The Department has been actively engaged in assuring that San Francisco is prepared for a bio-terrorist attack. Through participation in the Federal MMST program, DPH has stockpiled sufficient antibiotics to handle a large-scale exposure to treatable agents. DPH also has the appropriate equipment and implementation plans to evacuate parts of the City, isolate infected persons, decontaminate sites, and set up field clinics to treat the population.

DPH has been working closely with the non-profit hospitals in San Francisco, as well as community-based physicians and other providers. The cooperation received across the City has been phenomenal.

The Toxics Unit, headed by Richard Lee under the purview of Dr. Rajiv Bhatia, has responded along with the haz-mat team by providing consultation and testing of potentially hazardous materials. The Public Health Laboratory, under the direction of Dr. Sally Liska, rapidly developed a protocol that enables them to do anthrax testing. Dr. Bhatia has performed walk throughs of work places and consultations on how to prevent occupational exposures.

Dr. John Brown and Michael Petrie of the EMS agency have done an excellent job of preparing Emergency Departments for the possibility of dealing with exposed or infected persons.

Dr. Tomas Aragon has coordinated all the bioterrorist activities, has been carrying the on-call pager for clinician questions 24 hours a day and done grand rounds at every hospital in the City.

Dr. Katz gave a lecture at UCSF on Monday, November 5, on the Public Health response to bioterrorism. It was broadcast to several local shows throughout the City.

National Coalition of STD Directors

Dr. Klausner, the Director for STD Services, is working closely with the National Coalition of STD Directors and CDC to try to get America On Line to begin posting warnings in some of their MSM chat rooms about the risks of exposure to STDs. NCSD has already drafted and sent a letter to AOL asking that they air PSAs and other health related messages in their chat rooms, and CDC has agreed to convene a meeting of experts from around the country to discuss STDs and the Internet.

First System-wide CMHS MD Meeting

The first system-wide CMHS MD meeting took place on October 17th at the Fort Mason Center in San Francisco. The meeting was attended by more than 50 psychiatrists who work in association with CMHS, including City and Contract Agency Clinics, Inpatient Services, Mental Health Rehabilitation Facilities, and all City and Contract agency Special Services. The agenda included opening remarks from CMHS Director Jo Ruffin. CMHS Medical Director, Dr. Bob Cabaj, also reviewed data from the Pharmacy Benefits Manager covering the costs involved in prescribing medication to clients. The meeting offered a forum for psychiatrists to get to know each other and to help foster a sense of camaraderie and cohesiveness within the mental health services system. The meetings will be held quarterly.

National Lead Poisoning Prevention Week

The Children's Lead Prevention Program developed a number of activities to mark the National Lead Poisoning Prevention Week, which took place the week of October 22nd-27th. Lead prevention program staff publicized new State Department of Health Services regulations requiring medical providers to test blood lead levels of children at 12 and 24 months of age if they receive services from publicly funded programs for low-income children. Also medical providers are required to test these children between the ages of 25 and 72 months if they have not been previously tested. In addition, staff participated in a number of health fairs and neighborhood press events during the week. Informational bookmarkers in English, Spanish, and Chinese were delivered to the San Francisco Public Library for distribution.

HIV Prevention Receives Supplemental Grant for Hepatitis C Work

The HIV Prevention Branch recently received a $65,000 supplement to the Prevention for Positives grant to evaluate Hepatitis C infection among people at risk for HIV. Specifically this funding will be used to enroll 400 HCV positive individuals in a study to determine if the results of HCV viral load testing changes behavior such as alcohol intake, safe needle use and accessing treatment for HCV infection.

National Rehabilitation Awareness Celebration at LHH

On November 14, Rehabilitation Services at LHH will be hosting an Open House in recognition of the National Rehabilitation Awareness Celebration. LHH staff members, CHN staff, community support groups, healthcare providers and leaders are invited to learn about the types of services and programming provided by Rehabilitation Services at LHH.

Redesign of the CHN Registration Eligibility System

The Patient Financial Services Office of the CHN has organized a committee that includes SFGH and Primary Care (campus and community clinics) representatives in order to redesign the current registration eligibility system. This includes studying the application of existent technology such as

I.D. swipe cards, with patient data that could be used when a patient/client present themselves for services at a clinic, greater utilization of appointment-making staff to do confirmation of demographic patient information on the phone, and pre-registration. The goal is to realize efficiencies in staff utilization and to expedite patient flow in health centers. This process will not address everyone's needs; specifically a substantial number of drop-in or walk-in patients (around 30% of the Primary Care Network workload) that would not be pre-registered. This committee has been in existence since the Summer 2001.

San Francisco General Hospital Diversion Report

The Emergency Department (ED) recorded 39 episodes of diversion for 165 hours representing a rate of 23% in September 2001. This is an 18% decrease in diversion since August 2001.

The 39 episodes of diversion are categorized as follows:

Diversion Type	# Episodes	Hours	Rate	% Change from Previous Month
Total diversion	37	162	22.5%	15.5%
Trauma over-ride	2	3	0.5%	2.5%

The ED was impacted by capacity and high patient acuity during the episodes of total diversion and trauma override. During this time, 186 patients were awaiting admission to in-patient beds (ICU-24 4B/StepDown-74 MedSurg-88). In September of 2000, the ED was on diversion 37% of the month. Trauma Override was invoked 8% of the month in September 2000.

Total diversion was recorded for 37 episodes, a total of 162 hours or a 22.5% rate for September 2001. Trauma override was recorded for two episodes, a total of three hours or a .5% rate for September 2001. This is a 2.5% decrease in trauma override from August 2001. While on Trauma override the ED held 302 patients awaiting inpatient beds.

Associate Hospital Administrator Appointment

Effective December 3rd, Roland Pickens will assume the position of Associate Hospital Administrator for Diagnostic Services. Roland brings to our organization a unique and timely combination of skills and experience. His professional experience in health care management spans the broad spectrum, encompassing positions within the for-profit hospital industry including psychiatric and substance abuse programs, not-for profit and academic medical centers, the Veterans Administration system, and the Department of Public Health.

As Administrator for Diagnostic Services, Roland will be responsible for all of SFGHMC Diagnostics, including the Departments of Radiology, Nuclear Medicine, Infection Control, Clinical Laboratory, Pathology, and Medical Specialty Clinics in Pulmonary, GI, Cardiology, and Dermatology.

Chronicle Special Report

A series of articles about the City's homeless programs appeared in Sunday's Chronicle by reporter Patrick Hoge. Many Departmental staff were interviewed over the course of the last six months for this series and DPH provided numerous documents and records--some of which are reflected in Sunday's edition.

Commissioners' Comments

- Commissioner Chow asked whether the decreased diversion rate at San Francisco General Hospital for the month of September represents a trend. Dr. Katz responded that diversion is an imperfect solution to the difficult problem of emergency room overcrowding. While he is pleased that there was an 18 percent decrease from August 2000, Dr. Katz cannot state that this is a true trend. Commissioner Chow pointed out that a number of Commissioners attended the 5th anniversary of the Mental Health Rehabilitation Facility (MHRF) on November 5, 2001, and thanked the MHRF staff for their hard work.

- Commissioner Parker asked if any progress has been made to establish a helipad at San Francisco General Hospital. Dr. Katz responded that for the first time, funding for the helipad is included on the City's list that has been submitted by Fire Chief Trevino to the Federal government for disaster preparedness funding.

- Commissioner Sanchez commented that he attended the MHRF celebration, and was impressed with the quality of staff and the environment at the MHRF, and the links that have been established with other agencies.

- Commissioner Guy applauded DPH staff and the community at large, including the private hospitals, for their willingness to cooperate on disaster and emergency preparedness. She asked how the medical community preparing its on-going public message to address public fear and anxiety. Dr. Katz responded that health educators would play a leading role. In addition, the Department has tried to be savvy in using the media to get the message across, and the message has been information.

5) **STATE LEGISLATIVE UPDATE**
(Colleen Johnson, Acting Director, Office of Policy and Planning)

Colleen Johnson, Acting Director, Office of Policy and Planning, presented the legislative update for year one of the 2000-2002 California Legislative Session. The report provides a review and final status report for health-related legislation tracked by the Department during the first year of the two-year legislative session.

Ms. Johnson stated that the Department's Strategic Plan identifies advocacy as a key strategy to achieving partnerships with communities that also advocate for health funding, policies, programs and services. The Department's advocacy objectives are:

- Increase funding for core public health
- Support the costs of caring for safety-net populations
- Address unnecessary eligibility disparities in categorical funding
- Increase revenues and reimbursement rates consistent with the Department's other Strategic Planning goals and objectives.

The Department monitored 520 health-related bills, of which 165 became law and 30 were vetoed. In the 2001 legislative year, three of the Department's top priorities were successful. Funding was secured for trauma services for San Francisco General Hospital. The Department was able to access supplemental Medicaid payments for skilled nursing care at Laguna Honda Hospital. And health insurance for children was expanded under AB 495. Seismic safety was another top priority for the Department but the legislature did not make much progress on this issue during the legislative session.

Ms. Johnson stated that many factors go into the City and County's decision to take a position on a particular piece of legislation. The Department impacts legislation through its relationship with the Mayor's Office of Legislative Affairs. No Department takes individual positions on legislation—they are citywide positions. Ms. Johnson stated that positions are based on many factors: the timing of legislation; where the legislation is in the process; what amendments are likely to be made; and what the City's coalition partners are doing.

Ms. Johnson then highlighted some of the health-related bills that were enacted in 2001which fell into the following categories: children and youth; communicable disease; emergency medical services; environmental health; environmental justice; health care facilities; health insurance expansion; health professionals; Healthy Families/Medi-Cal for children; injury prevention; long-term care; managed care; Medi-Cal; mental health; pharmacies/pharmaceuticals; seismic safety; standards and regulations; State budget; substance abuse; and women's health.

Ms. Johnson then summarized the disposition of the Department's 2001 legislative priorities (Attachment A), and discussed the Department's legislative priorities for 2002 (Attachment B).

Commissioners' Comments

- Commissioner Monfredini asked the status of seismic safety legislation. Gene O'Connell responded that nothing has changed. Dr. Katz added that Jackie Speier's bill, which extends the deadline for compliance with SB 1953, is not likely to move forward, which means the same deadlines apply—a new hospital by 2013 or close by 2008.

- Commissioner Chow asked what impact AB 1075, which sets staff to patient ratios for long-term care facilities, would have on Laguna Honda Hospital. Ms. Johnson responded that the bill used to have very specific ratios, but they were removed. The legislation now states that the patient care ratios will be developed by the Department of Health Services. These ratios need to be developed by 2003, and the Department is monitoring this closely. Commissioner Chow then asked how the Department advances its Federal legislative agenda. Ms. Johnson said that the Department does monitor Federal legislation but because it does not impact the Department as much as State legislation does, not to the same extent. Commissioner Chow requested a summary of Federal legislation when Congress completes its session.

- Commissioner Parker asked if there are any areas of the city other than Bayview Hunters Point that have environmental justice issues. Dr. Katz responded that Bayview Hunters Point has the most direct environmental health problems, but other areas, including the Tenderloin and the Western Addition, have health disparities.

- Commissioner Sanchez urged the Department to monitor the mental health parity legislation that was just passed by the United States Senate because, if approved by the House of Representatives, it could be a window of opportunity for additional funding.

- Commissioner Guy said that bioterrorism will likely be at the top of the State and Federal legislative agendas. There will likely be additional dollars added in this area, and the Department should be prepared for this. With regard to Medi-Cal, this Commission supports changing the Federal/State match, so that California no longer ranks 47th in the nation. Commissioner Guy added that the Department should support legislation that will help bring more universal and comprehensive health care coverage.

6) SUBSTANCE ABUSE UPDATE: HEROIN

Jim Stillwell, Acting Director of Community Substance Abuse Services and Dr. Josh Bamberger, Medical Director for Community Health Promotion and Prevention, presented the Substance Abuse Update, specifically focussing on heroin.

Mr. Stillwell stated that the Department's response to heroin use is informed by the Treatment on Demand Planning Council (TOD), the Heroin Sub-Committee of the TOD, and public health data resources. Mr. Stillwell stated that heroin use is an extensive and costly problem in San Francisco. He said that the Department of Public Health is focusing on the health effects of heroin use, and the four major effects are overdose, soft tissue infection, Hepatitis C infection and addiction. The Department has responses targeting each of these effects.

Dr. Bamberger discussed the epidemiology of heroin use, and discussed the programs that the Department has developed.

Overdose Prevention

Dr. Bamberger stated that most heroin overdose deaths occur among users found alone, and 25 percent of these deaths occur within seven days of leaving jail or a drug treatment program. The Department embarked on a "fix with a friend" campaign to encourage a person to call 911 if he or she is with someone who overdoses. The Department has also been working with the San Francisco Police Department to not arrest individuals after they have called 911 to report an overdose. The most leading edge program was a study that entailed distribution of Naloxone to heroin users, which resulted in eight lives being saved.

Soft Tissue Infection Prevention and Treatment

Dr. Bamberger stated that the Department's response to soft tissue infection was presented in depth to the Commission at a previous meeting, but the components of this effort are the ISIS Clinic at San Francisco General Hospital, medical care at every needle exchange location, the new Mission Resource Center and the expansion of needle availability.

Hepatitis C Infection

Dr. Bamberger stated that 90 percent of heroin users in San Francisco are HCV antibody positive. Dr. Bamberger said that the Department has a long way to go in addressing this problem, and looks forward to presenting more detail to the Commission when the plan is further developed.

Heroin Addiction Treatment

Mr. Stillwell then provided the Commission with an overview of the treatment programs currently available in San Francisco. In the next report, the Department will discuss the progress of OBOAT and mobile methadone. Mr. Stillwell said that the addiction treatment policy strategies are Proposition 36, Drug Court, harm reduction, and 24-week detoxification.

Mr. Stillwell stated that the next steps in the response to heroin use are the following:

- Integration of HCV and HIV counseling, testing and prevention strategies
- Improved access to methadone treatment
- Programs to encourage users to call 911
- Evaluation of overdose programs
- Continued collaboration with community groups

Mr. Stillwell then introduced Terry Mitchell, co-chair of the Treatment on Demand Planning Council, who described the process by which the Council's Heroin Committee developed its recommendations, which are alternative treatments, overdose prevention, soft tissue infection treatment and Hepatitis C treatment.

Colin Eaton, chair of the Heroin Committee, described alternative treatments, including 26-week methadone detox, peer counselors and mentorship.

Rachel McClean discussed the measures that the committee would like to see implemented around overdose prevention that have not yet been implemented. Specifically, the Heroin Committee would like the efforts to be community-based; that a standardized curriculum be developed; and that abstinence-based programs participate in overdose prevention training. Ms. McClean stated that, on the whole, they are pleased with what has been done so far.

Jennifer Plummer spoke about soft tissue infection. She congratulated the Department for its efforts, but stated that the Council would like to see an expansion of needle exchange sites, an expansion of drug treatment slots and the development of a 24-hour wound care clinic at a site other than SFGH. The Council would also like the Department's needle exchange contracts to include more needles and a change to the Police Department's policy of confiscating clean needles.

Norma Hoteling spoke about Hepatitis C treatment, of which she said there are three main components: Hepatitis C prevention incorporated into outreach and service provision; Hepatitis C prevention public education; and Hepatitis C treatment in the form of Interferon and alternative treatments.

Commissioners' Comments

- Commissioner Jackson asked about the Department's prevention programs, and what role they plan in keeping people from trying heroin. Dr. Bamberger stated that there are a lot of novel programs in the schools around prevention.

- Commissioner Monfredini asked staff to explain in detail how a person who is trying to stop using heroin would access the methadone detox and methadone maintenance systems, and what happens if that person starts reusing. She also asked the average length of time someone who successfully stops using heroin is on methadone maintenance. Terry Mitchell responded that a study done approximately five years ago showed 2-5 years. Dr. Katz added that almost no one stops using heroin without long-term methadone maintenance.

- Commissioner Guy asked if the mobile van helps overcome the neighborhood resistance to methadone centers. Mr. Stillwell responded that the van is a great program, and does not generate as much neighborhood resistance. Commissioner Guy emphasized that there is a real medical and community consensus that more methadone maintenance slots are critically needed. Commissioner Guy stated that the next steps need to be fleshed out at the Community Health Network Joint Conference Committee, particularly in regard to van versus permanent sites; enhancing community input; priorities; prevention strategies; and stronger recommendations for methadone maintenance.

- Commissioner Chow asked how many of the 15,000 users would go into a methadone program today if they could, and how much would this cost. Mr. Stillwell responded that a methadone slot costs $4,000 per year, and perhaps 1/3 of the current users would enter treatment if it were available. Based on that, Commissioner Chow estimated the cost to be $20 million.

- Commissioner Parker stated that the use of heroin has a tremendous fiscal impact on health care services, in that emergency treatment for heroin users constitutes 10 percent of the hospital's total budget. It seems that, in spite of the fine work of the Department, we still do not have a handle on the problem.

7) **UPDATE ON THE DEPARTMENT OF PUBLIC HEALTH'S FIRST QUARTER REVENUES AND EXPENDITURES, AND PLAN TO ADDRESS CITYWIDE REVENUE SHORTFALL**
(Monique Zmuda, DPH Chief Finance Officer)

Monique Zmuda, Chief Financial Officer, presented the 1st quarterly financial projection of revenues and expenditures for the Department for fiscal year 2001-2002. Based on this data, the Department is projecting an annual surplus of $3.4 million, but as this is based on only three months of data, it is a very preliminary projection. Projections include a revenue surplus of $9.6 million and over-expenditures of $6.2 million (Attachment C).

Ms. Zmuda then discussed the General Fund reduction plan for the current fiscal year. The Mayor's Budget Office has estimated that, in fiscal year 2001-2002, there will be a $60-$100 million revenue shortfall citywide. The Mayor has asked for a $60 million reduction, which translated into a $7.4 million general fund reduction for the Department of Public Health. Ms. Zmuda said the Department's plan includes $2.4 million in additional revenue and $5 million in expenditure reductions. Ms. Zmuda said they are looking at a selective hiring freeze in administrative and support positions. At this time she does not think it will be necessary to freeze any positions at San Francisco General Hospital, Laguna Honda Hospital or Jail Health Services, or other clinical positions. She said that the Children's Insurance Initiative is underway but enrollment is slower than expected, so there is an estimated $1 million savings from the $4 million was budgeted. The reduction plan also includes deferring $1 million of the $5 million primary care capital improvement allocation. Ms. Zmuda emphasized that the citywide revenue shortfall is only projection at this time. The Mayor's $60 million reduction plan will be presented to the Board of Supervisors, and there will be another review in January, at which time Ms. Zmuda will report to the Commission if any further reductions are necessary.

Planning for next year's budget has begun. The Controller is expected to estimate a $200 million shortfall for fiscal year 2002-2003.

Commissioners' Comments

- Commissioner Chow complimented the Department for being able to hold the hiring freeze away from San Francisco General Hospital and Laguna Honda Hospital, particularly in light of the upcoming JCHO review at San Francisco General Hospital. However, once again the Department is once again being forced to constrict its administrative infrastructure.

- Commissioner Guy appreciates that the total capital budget was not lost. She emphasized that the Department needs to finish what has already been started, including an elevator at Tom Waddell Clinic. Commissioner Guy stated that she appreciates the challenges that the economic downturn is presenting, and that these challenges will be even greater next year.

- Commissioner Sanchez commended the staff for keeping the Commission's priorities intact during these tough economic times. He stated that sustaining the Health Department's core missions is going to be a challenge during the next year.

Commissioner Monfredini left the meeting at 6:00 p.m.

8) OTHER BUSINESS/PUBLIC COMMENTS

None.

9) CLOSED SESSION

A) Public comment on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Sanchez, Umekubo) voted to hold a closed session.

The Commission when into closed session at 6:10 p.m. Closed session attendees were all commissioners expect Commissioner Monfredini, Dr. Katz, Gene O'Connell, Margarita Gutierrez, Alison Moed, Gregg Sass, Diana Guevara and Michele Olson.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Conference with Legal Counsel – Existing Litigation

Proposed settlement of $9,500 in Patient Doe v. CCSF et al, U.S. District Court Case No. C01-2773 CW.

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Sanchez, Umekubo) approved the settlement of $9,500.

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Jackson, Parker, Sanchez, Umekubo) voted not to disclose any discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 6:15 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachments (3)

C. Disposition of 2001 State Legislative Priorities

For the first year of the 2001-02 legislative session, the Department identified several health-related issues as priorities. This section of the report provides the disposition of those priorities. It is important to note that the priorities can be resolved through the legislative process, the budget process, or the regulatory process. The Department works closely with other organizations on bills of common interest. In several cases, another organization or locality will sponsor a bill that addresses a Statewide issue that San Francisco supports. The disposition of the legislative priorities outlined below reflects the strong advocacy work of many agencies and not just the Department of Public Health.

The disposition of the Department's 2001 legislative priorities is as follows:

Topic	Issue	Disposition
Children & Youth	• Ensure children and youth have access to needed health services in clinical settings and explore potential for school health services exposure.	• AB 495 (Diaz), which was signed by the Governor, provides a mechanism for counties to match local funds with federal funds to insure children in families with incomes up to 300 percent of the federal poverty level who are ineligible for other public health insurance programs. • AB 59 (Cedillo) and AB 493 (Sher), which were both signed by the Governor, implement express lane eligibility for Medi-Cal and Healthy Families
Community-Based Services	• Expand community-based services in the areas of: • substance abuse • mental health • long-term care	• AB 334 (Steinberg) will expand on the success of the AB 34 and AB 2034 programs for mentally ill who are homeless or at risk for becoming homeless
Emergency Medical Services	• Pursue legislation to provide ongoing funding for local health departments to address public health threats from the use of chemical, biological and radioactive agents by terrorists	• Though the Legislature did not focus on emergency preparedness in 2001, it is likely that in light of the terrorist attacks of September 11, 2001, there will be greater interest in addressing these issues.
HIV/AIDS	• Expand Medi-Cal to cover persons with HIV who are not disabled • Pursue legislation that would enable pharmacy-based syringe sales without a prescription	• The Department has been actively involved in the development of AB 1292 (Aroner), a two-year bill, which would authorizes pharmacists to furnish or sell hypodermic needles or syringes without a prescription or permit.
Health Insurance Expansion	• Expand purchasing pools for small employers • Pursue "universal health	• AB 495 (Diaz), which was signed by the Governor, provides a mechanism for counties to match local funds

Topic	Issue	Disposition
Expansion	coverage" • Pursue a State program to fund indigent health care at the local level	with federal funds to insure children in families with incomes up to 300 percent of the federal poverty level who are ineligible for other public health insurance programs.
Managed Care	• Pursue county organized health system model of Medi-Cal managed care (note federal legislation needed first)	• The Department is continuing to work with our federal delegation to enable California to address this issue.
Medi-Cal Funding and Program	• Revise distinct part nursing facility rate-setting methodology • Preserve cost-based reimbursement for federally qualified health centers (FQHCs) • Increase Medi-Cal reimbursement for health care services	• AB 430 (Cardenas) implemented the State's 2001-02 budget and established a program whereby public distinct part nursing facilities could access federal Medicaid supplemental payments by matching those funds with local general funds allocated to Medicaid-eligible skilled nursing care. The Department will continue to monitor the progress of the State Plan Amendment that implements this supplemental matching program. • Pursuant to federal law, the State has drafted their State Plan Amendment implementing a prospective payment system (PPS) for FQHCs. The Department participated individually and in coalition with the California Association of Public Hospitals and the County Health Executives Association, in discussions with the State Department of Health Services on implementation of PPS. The Department will continue to monitor the progress of the State Plan Amendment.
Prevention	• Support legislation that addresses prevention in the following areas: • environmental, including air, soil and water quality, toxics and transportation • childhood development and education • behavioral risk factor reduction, including smoking	• AB 945 (Wright), by allowing certified industrial hygienists to be eligible to provide environmental investigative services, will increase the ability of the Childhood Lead Poisoning Prevention Program to respond to the dangers of lead poisoning. • SB 732 (Ortiz) and AB 284 (Jackson) were both enacted in 2001

Topic	Issue	Disposition
	cessation, exercise, and nutrition • violence and injury prevention, such as controls for firearms and pedestrian safety • occupational health, including occupational health advocacy and prevention programs for garment workers, sex workers and day laborers • socio-economic/social equality issues	and are aimed at protecting the public from the adverse health effects of mold and fungal contamination, respectively. • SB 702 (Escutia) establishes a statewide environmental health surveillance system to track the prevalence and determinants of chronic disease. • AB 35 (Shelley) and SB 52 (Scott) create a statewide handgun safety certificate program and require that no individual can purchase a handgun without a certificate.
Public Health Infrastructure Funding	• Increased funding and program support for core public health activities and, in the event of increased funding, pursue a more equitable allocation formula • Pursue new State funding to support the infrastructure for core immunization programs	• The Legislature's budget contained an additional $2 million for public health subvention. However, in the final budget, the Governor removed this augmentation. The Department will seek an increase for counties in this area in 2002.
Seismic Safety	• Pursue funding opportunities to meet SB 1953 seismic safety requirements. • Pursue legislation or other authority to facilitate regional planning for compliance with SB 1953 seismic safety requirements to ensure that local hospitals can coordinate their compliance efforts in a way that does not destabilize acute care services.	• AB 832 (Corbett) was passed in 2001 and made modifications to the seismic safety mandate pertaining to the role of OSHPD. • The Department will continue to track and advocate for bills such as AB 1156 (Aroner), SB 717 (Speier), and SB 928 (Dunn), which would authorize bond measures to be allocated for seismic retrofit projects, and SB 842 (Speier), which would make modifications to the compliance milestones required by SB 1953.
State Budget	• In addition to the other Legislative Priorities discussed herein that may include a budget component, the Department will specifically support the following budget initiatives: • State General Fund backfill for any Vehicle License Fee reductions that support	• Included among the specific budget provisions enacted by AB 430 were: • $25 million for trauma centers; • Establishment of a public distinct part nursing facility supplemental Medicaid match program;

Topic	Issue	Disposition
	health, mental health and social services realignment • continuation of Proposition 99 funding for indigent health care services • adequate funding for mental health services • increased funding for substance abuse services • funding for children and youth services and programs • reduction of the State administrative fee in the Disproportionate Share Hospital Program	• $61.8 million to expand Healthy Families to parents of enrolled children up to 250% of the federal poverty level; • $10 million increase for AB 34 and AB 2034 mental health programs; • $5 million decrease for supportive housing; • full funding of the AIDS Drug Assistance Program; • $4 million decrease for HIV prevention;
	• funding for compliance with SB 1953 seismic safety requirements	• flat funding for public health subvention; and • $9.5 million to adopt a federal option to provide breast and cervical cancer treatment to low-income women.
Workers' Compensation	• Monitor anticipated Workers' Compensation reform legislation	• SB 71 (Burton), which was vetoed by the Governor, would have significantly increased Workers' Compensation benefits. It is likely that these issues will again be raised in 2002 and possible that they may also be pursued as a ballot initiative.

III. STATE LEGISLATIVE AND BUDGET PRIORITIES FOR 2002

As the Legislature continues its two-year session in 2002 and we continue to track the two-year bills of interest to the City and County, many of the Department's priorities remain the same. However, the events of September 11, 2001, the legislative and budget outcomes in 2001, and the State's fiscal outlook necessitate some modifications to last year's priorities. Following are the State Legislative and Budget Priorities for 2002:

Topic	Issue	Rationale
Children & Youth	• Ensure children and youth have access to needed health services in clinical settings and explore potential for school health services exposure.	• Expanding health care access for children will ensure early access to preventive care and treatment and improve health outcomes for our City's children.

Community-Based Services	• Expand community-based services in the areas of:
	  • substance abuse
	  • mental health
	  • long-term care
		• Community-based services are a proven, cost-effective way to improve health status. Ensuring that individuals who need services have access to the most appropriate level of care will reduce costs related to unnecessary institutionalization.

Emergency Medical Services	• Pursue legislation to provide ongoing funding for local health departments to address public health threats from the use of chemical, biological and radioactive agents by terrorists	• San Francisco is a highly visible city nationally and internationally and is considered a potential target to terrorist activity. The terrorist activities of September 11, 2001 and the subsequent cases of anthrax underscore our need to ensure that San Francisco is well prepared to respond to threats to our public health. Current grant funding for response activities cover only start-up costs. Ongoing funding sources are needed to cover the high costs of pharmaceutical maintenance, supplies and personnel training.
HIV/AIDS	• Expand Medi-Cal to cover persons with HIV who are not disabled • Pursue legislation that would enable pharmacy-based syringe sales without a prescription	• Early treatment for HIV infection is successful in delaying the progression from HIV infection to AIDS. Yet, because Medicaid does not define individuals with early HIV infection as disabled, many low-income persons with HIV are unable to receive HIV-related drugs and health care through the program. • Pharmacy-based syringe sales would reduce barriers to clean needles, provide an opportunity for prevention education,

Topic	Issue	Rationale
		and reduce HIV infection.
Health Insurance	• Ensure continued health care coverage to workers laid off as a result of the economic downturn since September 11, 2001 • Expand purchasing pools for small employers • Pursue "universal health coverage" • Pursue a State program to fund indigent health care at the local level • Expand access to health insurance for the uninsured by accessing California's unspent SCHIP funds	• Many Californians have lost their jobs as a result of changes in the economy since the terrorist attacks of September 11, 2001. Though options for maintaining health care coverage exists through COBRA and independent plans, these options are likely to be cost-prohibitive for persons who are unemployed. • The Centers for Medicare & Medicaid Services estimates that California will spend only 14% of its 2002 SCHIP allocation and by 2006, will still only reach spending at 30% of its total allocation. The recent Health Insurance Flexibility and Accountability Initiative provides states with greater flexibility in expanding their SCHIP programs in order to access these unspent funds. • Reducing the number of uninsured individuals receiving health care services from the City will reduce general fund costs and will increase access to critical health care services.
Managed Care	• Pursue county organized health system model of Medi-Cal managed care (Note: federal legislation needed first)	• San Francisco currently operates Medi-Cal managed care under the State's two-plan model. However, due to overestimated projections, the actual number of Medi-Cal eligibles in San Francisco is 36,000, far below the threshold for the two-plan model. This calls into question the viability of two competing health plans in an area with a low number of Medi-Cal eligibles. It is believed that the county organized health system model may be more appropriate for San Francisco.
Medi-Cal Funding and Program	• Revise distinct part nursing facility rate-setting methodology • Ensure that the State's implementation of a prospective payment system for federally qualified health centers (FQHCs) provides for	• Due to a change in the rate-setting methodology that was later deemed arbitrary and unjust by the court, the distinct part nursing facility Medi-Cal rate has been frozen since 1995. Implementation of a revised methodology would ensure more equitable reimbursement for the more

Topic	Issue	Rationale
	adequate reimbursement • Increase Medi-Cal reimbursement for health care services	than 1,000 aged and disabled residents of Laguna Honda Hospital. • The Benefits Improvement and Protect Act of 2000 (BIPA) requires states to implement a prospective payment system (PPS) for reimbursement of FQHCs. The State has submitted its State Plan Amendment to the Centers for Medicare and Medicaid Services and is awaiting a response. The State Plan Amendment provides for two reimbursement methodologies: PPS and an alternative methodology. There are currently 20 FQHCs in the City, 13 of which are operated by the Department. The State's implementation of these methodologies upon approval by CMS is critical to the health care services San Francisco's clinics provide to the City's most vulnerable and at-risk populations. • California ranks 47th out of 50 states in its contributions to Medicaid. Though the 2001-02 State budget included limited Medi-Cal rate increases, additional increases in the areas of specialty care and ancillary services.
Prevention	• Support legislation that addresses prevention in the following areas: • environmental, including air, soil and water quality, toxics and transportation • childhood development and education • behavioral risk factor reduction, including smoking cessation, exercise, and nutrition • violence and injury prevention, such as controls for firearms and pedestrian safety • occupational health, including occupational health advocacy and prevention programs for garment workers, sex workers and day laborers	• Health data indicate that on an annual basis, over half of the deaths in San Francisco are premature and preventable. Many of the deaths in San Francisco can be attributed to well-known factors. The prioritization of prevention activities is consistent with the Department's Strategic Plan.

Topic	Issue	Rationale
	• socio-economic/social equality issues	
Public Health Infrastructure Funding	• Increased funding and program support for core public health activities and, in the event of increased funding, pursue a more equitable allocation formula • Pursue new State funding to support the infrastructure for core immunization programs	• Funded at $1 million statewide, San Francisco is projected to receive only $20,155 in FY 2002 for core public health activities. Increased funding for communicable disease control and surveillance at the local level is necessary to provide appropriate and adequate population-based public health and prevention activities. • Federal funding for the infrastructure of immunization programs has decreased 60% over the last five years and the State has added very little to make up for this decrease. Increased State funding for immunization infrastructure activities will allow San Francisco to expand its current immunization services to focus on adult immunization needs and develop its childhood programs beyond the minimum requirements.
Seismic Safety	• Pursue funding opportunities to meet SB 1953 seismic safety requirements. • Pursue legislation or other authority to facilitate regional planning for compliance with SB 1953 seismic safety requirements to ensure that local hospitals can coordinate their compliance efforts in a way that does not destabilize acute care services.	• San Francisco will need to replace or significantly retrofit SFGH to meet SB 1953 seismic safety requirements. The cost estimated to achieve merely the interim level of compliance is $19.3 million. The cost of full compliance has not yet been estimated. • Current anti-trust laws forbid regional planning among hospitals. However, issues critical to the availability of services and the public health require a coordinated approach to ensure adequate availability of acute care services during periods of retrofit or rebuild.
State Budget	• In addition to the other Legislative Priorities discussed herein that may include a budget component, the Department will specifically support the following budget initiatives: • State General Fund backfill for any Vehicle License Fee	• The Governor's proposed 2002-03 State budget will be released in early January 2001. The budget summarizes the Governor's policy issues and provides his proposals for State funding levels for various health programs. Depending on program initiatives and changes proposed by the Governor, the Department will likely weigh in on these

Topic	Issue	Rationale
	reductions that support health, mental health and social services realignment • continuation of Proposition 99 funding for indigent health care services • adequate funding for mental health services • increased funding for substance abuse services • funding for children and youth services and programs • reduction of the State administrative fee in the Disproportionate Share Hospital Program • funding for compliance with SB 1953 seismic safety requirements	issues by working with the Mayor's Office and the City's lobbyist. The Department will closely monitor the State budget and advocate for increased funding for prevention and treatment services that will improve the public health of San Francisco.
Workers' Compensation	• Monitor anticipated Workers' Compensation reform legislation	• As the City and County of San Francisco is self-insured for Workers' Compensation through the Department of Public Health, significant reform will impact level of care provided and the costs associated therewith.

Department of Public Health

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL			
			Fav/(Unfav)					Fav/(Unfav)	
	Projection	Budget	Variance	% Var		Projection	Budget	Variance	% Var
					NET PATIENT SERVICE REVENUE:				
1	36,019	38,360	(2,341)	-6.10%	Medi-Cal Revenue	154,008	157,128	(3,120)	-1.99%
2	12,486	14,889	(2,403)	-16.14%	Medicare Revenue	48,993	58,936	(9,943)	-16.87%
3	17,205	10,951	6,254	57.11%	Other Patient Revenue	64,681	43,397	21,284	49.04%
4	(5,723)	(6,720)	997	-14.84%	Provision for Bad debt	(22,666)	(26,600)	3,934	-14.79%
5	59,987	57,480	2,507	4.36%	TOTAL NET PATIENT SERVICE REVENUE	245,016	232,861	12,155	5.22%
6									
7					OTHER OPERATING REVENUE:				
8	0	2,737	(2,737)	-100.00%	Short Doyle (Community Mental Health Service)	16,000	16,000	0	n/a
9	1,263	9,135	(7,872)	-86.17%	Short Doyle M/Cal	32,486	31,486	1,000	3.18%
10	1,696	1,589	107	6.73%	MAA/TCM	6,283	6,356	(73)	-1.15%
11	31,546	31,546	0	n/a	SB855	126,183	126,183	0	n/a
12	4,925	5,425	(500)	-9.22%	SB1255	19,700	21,700	(2,000)	-9.22%
13	325	325	0	n/a	GME	1,300	1,300	0	n/a
14	2,316	2,316	0	n/a	Copitation/Managed Care Settlement	9,263	9,263	0	n/a
15	0	4,056	(4,056)	-100.00%	State Alcohol	16,224	16,224	0	n/a
16	6,875	1,719	5,156	300.00%	Proposition 36	6,875	6,875	0	n/a
17	18,165	34,927	(16,762)	-47.99%	State Realignment	139,709	139,709	0	n/a
18	1,068	1,382	(314)	-22.71%	Prop 99 AB75	5,526	5,526	0	n/a
19	512	1,761	(1,249)	-70.93%	Other State (CCS and State Mandated Cost)	7,044	7,044	0	n/a
	3,002	3,974	(972)	-24.45%	Fees/Cafeteria/Misc (includes lease income)	16,000	15,902	98	0.62%
	4,395	7,250	(2,855)	-39.38%	Workorder Recovery	27,428	29,007	(1,579)	-5.44%
22	1,441	1,441	0	n/a	Transfer In and Project Related	5,765	5,765	0	n/a
23	5,646	5,646	0	n/a	Carryforward	22,586	22,586	0	n/a
24	83,175	115,228	(32,052)	-27.82%	TOTAL OTHER OPERATING REVENUE	458,372	460,926	(2,554)	-0.55%
25									
26	143,162	172,707	(29,545)	-17.11%	TOTAL OPERATING REVENUE	703,388	693,787	9,601	1.38%
27									
28					OPERATING EXPENSES:				
29	89,081	90,423	1,342	1.48%	Personnel Services	381,742	378,138	(3,604)	-0.95%
30	21,827	21,728	(99)	-0.45%	Mandatory Fringe Benefits	92,573	90,801	(1,772)	-1.95%
31	112,223	78,237	(33,987)	-43.44%	Non-personal Services	312,945	312,945	0	n/a
32	13,242	14,109	867	6.14%	Materials and Supplies	56,940	56,440	(500)	-0.89%
33	3,045	3,221	176	5.45%	Facilities Maint. & Capital Outlay	12,878	12,878	0	n/a
34	18,837	9,785	(9,053)	-92.52%	Services of Other Departments (workorders)	39,437	39,137	(300)	-0.77%
35	24,556	24,556	0	n/a	Operating Transfer Out	98,225	98,225	0	n/a
36	1,282	1,282	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a
37	1,904	1,904	0	n/a	Projects	7,618	7,618	0	n/a
38	285,997	245,243	(40,754)	-16.62%	TOTAL OPERATING EXPENSES	1,007,487	1,001,311	(6,176)	-0.62%
39									
40	(142,835)	(72,536)	(70,299)	96.92%	OPERATING INCOME/(LOSS)	(304,099)	(307,524)	3,425	-1.11%
41									
42					NON-OPERATING REVENUE:				
43	79,907	79,907	0	n/a	General Fund	307,524	307,524	0	n/a
44	79,907	79,907	0	n/a	TOTAL NON-OPERATING REVENUE	307,524	307,524	0	n/a
46	(62,928)	7,371	(70,299)	-953.72%	NET INCOME/(LOSS)	3,425	0	3,425	n/a

Community Health Network

STATEMENT OF REVENUE AND EXPENSES

September 30, 2001

(In Thousands of Dollars)

	YEAR TO DATE					ANNUAL				
	Projection	Budget	Fav/(Unfav) Variance	% Var		Projection	Budget	Fav/(Unfav) Variance	% Var	
					NET PATIENT SERVICE REVENUE:					
1	35,089	36,043	(954)	-2.65%	Medi-Cal Revenue	144,992	147,862	(2,870)	-1.94%	1
2	12,358	14,739	(2,381)	-16.15%	Medicare Revenue	48,392	58,335	(9,943)	-17.04%	2
3	16,962	10,868	6,094	56.07%	Other Patient Revenue	64,349	43,065	21,284	49.42%	3
4	(5,723)	(6,720)	997	-14.84%	Provision for Bad debt	(22,666)	(26,600)	3,934	-14.79%	4
5	58,686	54,930	3,756	6.84%	TOTAL NET PATIENT SERVICE REVENUE	235,067	222,662	12,405	5.57%	5
6										6
7					OTHER OPERATING REVENUE:					7
8	0	0	0	n/a	Short Doyle (Community Mental Health Service)	5,054	5,054	0	n/a	8
9	1,263	1,263	0	n/a	Short Doyle M/Cal	0	0	0	n/a	9
10	1,350	1,368	(18)	-1.32%	MAA/TCM	5,399	5,472	(73)	-1.33%	10
11	31,546	31,546	0	n/a	SB855	126,183	126,183	0	n/a	11
12	4,925	5,425	(500)	-9.22%	SB1255	19,700	21,700	(2,000)	-9.22%	12
13	325	325	0	n/a	GME	1,300	1,300	0	n/a	13
14	2,316	2,316	0	n/a	Capitation/Managed Care Settlement	9,263	9,263	0	n/a	14
15	0	0	0	n/a	State Alcohol	0	0	0	n/a	15
16	0	0	0	n/a	Proposition 36	0	0	0	n/a	16
17	15,278	15,278	0	n/a	State Realignment	61,113	61,113	0	n/a	17
18	856	856	0	n/a	Prop 99 AB75	3,423	3,423	0	n/a	18
19	0	0	0	n/a	Other State (CCS and State Mandated Cost)	0	0	0	n/a	19
20	1,191	1,196	(5)	-0.42%	Fees/Cafeteria/Misc (includes lease income)	4,690	4,792	(102)	-2.13%	20
21	3,556	3,950	(394)	-9.97%	Workorder Recovery	14,227	15,806	(1,579)	-9.99%	21
22	1,441	1,441	0	n/a	Transfer In and Project Related	5,765	5,765	0	n/a	22
23	766	766	0	n/a	Carryforward	3,065	3,065	0	n/a	23
24	64,813	65,730	(917)	-1.40%	TOTAL OTHER OPERATING REVENUE	259,182	262,936	(3,754)	-1.43%	24
25										25
26	123,499	120,660	2,839	2.35%	TOTAL OPERATING REVENUE	494,249	485,598	8,651	1.78%	26
27										27
28					OPERATING EXPENSES:					28
29	75,241	75,595	354	0.47%	Personnel Services	310,158	305,627	(4,531)	-1.48%	29
30	18,639	18,317	(322)	-1.76%	Mandatory Fringe Benefits	76,278	74,296	(1,982)	-2.67%	30
31	25,986	25,971	(15)	-0.06%	Non-personal Services	103,883	103,883	0	n/a	31
32	12,498	12,689	191	1.51%	Materials and Supplies	51,262	50,762	(500)	-0.98%	32
33	2,951	2,992	41	1.37%	Facilities Maint. & Capital Outlay	11,964	11,964	0	n/a	33
34	6,306	6,306	0	n/a	Services of Other Departments (workorders)	25,523	25,223	(300)	-1.19%	34
35	24,556	24,556	0	n/a	Operating Transfer Out	98,225	98,225	0	n/a	35
36	1,282	1,282	0	n/a	Intrafund Transfer	5,129	5,129	0	n/a	36
37	1,904	1,904	0	n/a	Projects	7,618	7,618	0	n/a	37
38	169,363	169,612	249	0.15%	TOTAL OPERATING EXPENSES	690,040	682,727	(7,313)	-1.07%	38
39										39
40	(45,864)	(48,952)	3,088	-6.31%	OPERATING INCOME/(LOSS)	(195,791)	(197,129)	1,338	-0.68%	40
41										41
42					NON-OPERATING REVENUE:					42
43	52,308	52,308	0	n/a	General Fund	197,129	197,129	0	n/a	43
44	52,308	52,308	0	n/a	TOTAL NON-OPERATING REVENUE	197,129	197,129	0	n/a	44
45										45
46	6,444	3,356	3,088	92.01%	NET INCOME/(LOSS)	1,338	0	1,338	n/a	46

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

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CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http//www.dph.sf.ca.us*

PUBLIC NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION MEETINGS

The following Health Commission meetings will be held at a different sites and not at the regular site at 101 Grove Street:

Tuesday, November 20, 2001, 3:00 p.m.
Laguna Honda Hospital
Gerald Simon Auditorium
375 Laguna Honda Blvd.

DOCUMENTS DEPT.

NOV - 2 2001

SAN FRANCISCO
PUBLIC LIBRARY

Tuesday, December 4, 2001 - 3:-00 p.m.
San Francisco General Hospital
Carr Auditorium
1001 Potrero Avenue

For more information, call the Health Commission Office at 554-2666.

Posted November 1, 2001

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, November 20, 2001
at
3:00 p.m.
Gerald Simon Auditorium*
Laguna Honda Hospital
375 Laguna Honda Boulevard
San Francisco, CA 94116

DOCUMENTS DEPT.

NOV 19 2001

SAN FRANCISCO
PUBLIC LIBRARY

****PLEASE NOTE THE CHANGE IN LOCATION.***

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT LAGUNA HONDA HOSPITAL. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 6, 2001**
**Minutes of November 6, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-Quality Management** – Request for approval of a contract modification with Steven Hirsch and Associates to provide additional JCAHO-related consulting services, in the amount of $31,100 for a total revised contract amount of $80,600, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo*

(3.2) **Community Health Programs** – Request for approval of a retroactive sole source contract with Central City Hospitality House (CCHH), in the amount of $558,797, to provide drop-in and self-help services for the homeless, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summary, CCHH training schedule, CCHH steering committee report, Client demographic information form*

(3.3) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center in the amount of $504,729, to provide Health Environmental Resource Center support services in the Bayview Hunters Point area, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Client demographic information form, Monitoring report summary, Plan of Action, Response to Plan of Action*

(3.4) **AIDS Office-Surveillance** – Request for approval of a contract modification with University of California Berkeley Survey Research Center, in the amount of $80,000, bringing the contract total to $249,362, to provide services for the San Francisco Behavioral Risk Factor Survey targeting San Francisco residents, for the period of June 1, 2001 through December 31, 2001.
** Calendaring request memo*

(3.5) **AIDS Office-Prevention** – Request for approval of a new contract with Field Research Corporation, in the amount of $77,400, to provide telephone survey services, for the period of November 1, 2001 through December 31, 2001.
** Calendaring request memo, Client demographic information form*

(3.6) **PHP-Mental Health** – Request for approval of a retroactive sole source contract renewal with California Mental Health Directors Association, in the amount of $100,000 per year, for a total four-year contract amount of $400,000, to provide management services for the San Francisco Mental Health Plan, for the period of July 1, 2001 through June 30, 2005.
**Calendaring request memo, California Mental Health Directors Association Executive Board list*

(3.7) **PHP-Mental Health** – Request for approval of a contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,650,364, to renew a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, Monitoring report summary, Client demographic information form*

(3.8) **PHP-Mental Health** – Request for approval of a retroactive sole source contract modification with Crestwood Behavioral Health, Inc., in the amount of $3,529,937 per year, for a total contract amount of $7,059,874, to provide skilled nursing facility services, for the period of July 1, 2001 through June 30, 2003.
** Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.9) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $348,160, to provide outpatient and prevention substance abuse services, for the period of July 1, 2001 through June 30, 2002.
** Calendaring request memo, List of YMCA Board of Directors*

(3.10) **PHP - Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,805,900, to provide substance abuse and mental health services, for the period of July 1, 2001 through June 30, 2002.

** Calendaring request memo, Monitoring report summaries, Plan of corrections letters, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL ANNUAL REPORT**
(Larry Funk, Executive Director, Laguna Honda Hospital)

7) **FOR DISCUSSION:** **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(Larry Funk, Executive Director, Laguna Honda Hospital)

8) **FOR DISCUSSION:** **OVERVIEW OF DEPARTMENT OF PUBLIC HEALTH SERVICES IN SUPERVISORIAL DISTRICT 7**
(Colleen Johnson, Interim Director, Office of Policy and Planning)

9) **OTHER BUSINESS/PUBLIC COMMENTS**

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Directions to LHH
Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor of the Main Building, from the main entrance to the left, and is wheelchair accessible.

Disability Access
Wheel chair assisted participants arriving by motor car should park in the large main parking lost east of the Hospital, utilizing the east lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area, take the elevator down to the first floor, where signs will direct you to Simon Auditorium and Conference Room B102.

Muni metro subway, most motor bus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

If you require special listening devices, American sign language interpreters and readers, large print copy of agenda or other special services, please advise LHH's Nursing Office at (415) 664-1580, extension 2709, or by calling 759-2367, at least 72 hours prior to the meeting. Late requests will be honored if possible.

Please help accommodate individuals with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities by refraining from wearing fragrances.

Public Transportation

You are encouraged to utilize public transportation. The Forest Hill Muni (surface/subway) Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage across from City Hall, (entrance on McAllister between Polk and Larkin streets, and day-long parking is available).

Motor bus lines *#36 Teresita, #43 Masonic, #44 O'Shaughnessy, and #52 Excelsior* serve the Forest Hill Station. You may transfer to the *#89 Laguna Honda* (wheel chair accessible) motor shuttle bus, which provides services 7-days a week, every 15 minutes, from 10:12 a.m. to 2:45 p.m., from the Forest Hill Station to the west entrance of the Main Building, to Clarendon Hall, and to the east entrance of the Main Building. adjacent to a wheelchair ramp.

For more information about MUNI accessible services, call 923-6142.

Hospital Parking

Although it is possible to park in the neighborhood of the hospital – on Laguna Honda Boulevard and Clarendon Drive – nearby residential area parking is limited to two hours. Parking on the hospital grounds if free but limited. On hospital grounds you are welcome to park in any identified legal parking space which does not carry a rectangular "reserved" sign over the space or block of spaces. Local parking regulations are strictly enforced. Once issued, SFPD tickets cannot be reversed as a "courtesy". Please be sure to observe all parking signs and marked curbs.

Parking for wheelchair users is located at the went end of the Main Building parking lot, and also at Clarendon Valley and in the Clarendon east parking lot.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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1/20/01

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 20, 2001
at
3:00 p.m.
Gerald Simon Auditorium
Laguna Honda Hospital
375 Laguna Honda Boulevard
San Francisco, CA 94116

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1) CALL TO ORDER

The meeting was called to order by President Roma P. Guy, M.S.W., at 3:20 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D. – arrived at 3:25 p.m.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 6, 2001

Action Taken: The Commission approved the minutes of the November 6, 2001 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

Commissioner Sanchez chaired, and Commissioner Jackson and Commissioner Monfredini attended, the Budget Committee meeting.

(3.1) **CHN-Quality Management** – Request for approval of a contract modification with Steven Hirsch and Associates to provide additional JCAHO-related consulting services, in the amount of $31,100 for a total revised contract amount of $80,600, for the period of July 1, 2001 through June 30, 2002.

(3.2) **Community Health Programs** – Request for approval of a retroactive sole source contract with Central City Hospitality House (CCHH), in the amount of $558,797, to provide drop-in and self-help services for the homeless, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Jackson asked if an executive director has been hired for the agency. Ester Chavez, director of the Tenderloin Self Help Center, responded the one has been selected and will start on December 1st.

(3.3) **PHP-CHPP** – Request for approval of a retroactive contract renewal with San Francisco Study Center in the amount of $504,729, to provide Health Environmental Resource Center support services in the Bayview Hunters Point area, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Sanchez asked if alternate treatments are being used for asthma. Karen Pierce responded that there is a contract for acupuncture services that serves adults and children. The adult program is held at the Southeast Health Center. Ms. Pierce said the feedback has been incredible. Betty McGee, Program Director of HERC, responded that she has seen significant improvements, but no formal data has been collected. Formal research will be done later.

(3.4) **AIDS Office-Surveillance** – Request for approval of a contract modification with University of California Berkeley Survey Research Center, in the amount of $80,000, bringing the contract total to $249,362, to provide services for the San Francisco Behavioral Risk Factor Survey targeting San Francisco residents, for the period of June 1, 2001 through December 31, 2001.

(3.5) **AIDS Office-Prevention** – Request for approval of a new contract with Field Research Corporation, in the amount of $77,400, to provide telephone survey services, for the period of November 1, 2001 through December 31, 2001.

Commissioners' Comments

- Commissioner Monfredini asked what the expected outcomes of the two surveys are. Jimmy Loyce responded that the outcome will be to use the knowledge gained to stop the spread of AIDS. The data will be part of what is used to get federal dollars.

- Commissioner Jackson asked the difference between the survey that is being done by the U.C. Berkeley Survey Research Center (Item 3.4), and the survey being done by the Field Research Corporation (Item 3.5). Mr. Loyce responded that the first survey will be a random sample of San Franciscans to determine people's general knowledge, attitude and behaviors with regard to

HIV. The second is a public opinion poll to gauge public interest and support for HIV/AIDS prevention services.

(3.6) **PHP-Mental Health** – Request for approval of a retroactive sole source contract renewal with California Mental Health Directors Association, in the amount of $100,000 per year, for a total four-year contract amount of $400,000, to provide management services for the San Francisco Mental Health Plan, for the period of July 1, 2001 through June 30, 2005.

(3.7) **PHP-Mental Health** – Request for approval of a contract renewal with Westside Community Mental Health Center, Inc., in the amount of $1,650,364, to renew a Single Point of Responsibility program serving severely mentally ill adults, for the period of July 1, 2001 through June 30, 2002.

(3.8) **PHP-Mental Health** – Request for approval of a retroactive sole source contract modification with Crestwood Behavioral Health, Inc., in the amount of $3,529,937 per year, for a total contract amount of $7,059,874, to provide skilled nursing facility services, for the period of July 1, 2001 through June 30, 2003.

(3.9) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with YMCA Urban Services, in the amount of $348,160, to provide outpatient and prevention substance abuse services, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Jackson asked if the program focussed on the prevention of heroin use among youth. Mr. Stillwell stated this program is not specifically focussed on heroin, but has engaged the youth in their geographic and cultural contexts, which is necessary address the issues that cause drug use.

(3.10) **PHP - Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Bayview Hunters Point Foundation for Community Improvement, Inc., in the amount of $7,805,900, to provide substance abuse and mental health services, for the period of July 1, 2001 through June 30, 2002.

Maria X. Martinez, Community Programs, CHN, presented the contract with the Bayview Hunters Point Foundation. She stated that this contract was before the Commission in November and December of 2000, and summarized the work that has been accomplished since that time in the areas of organization development, wage and labor issues and compliance with the Sunshine Ordinance. Ms. Martinez then discussed the program review. She stated that the monitoring reports for fiscal year 1999-00 show an overall rating of acceptable/commendable for all but four programs. The Third Street Clinic and Bayview Clubhouse received ratings of Improvement Needed/Below Standards in Program Performance. The Thunderseed Program received a rating of Improvement Needed/Below Standards in Program Performance. And the Tenderloin Clinic received a rating of Improvement Needed in Program Compliance. Ms. Martinez stated that the Foundation has implemented corrective actions in all of these areas.

Ms. Martinez stated that, in addition to the findings stated above, there are some qualitative issues with various programs. Ms. Martinez described these problems, as well as the objectives that have been established for the agency to rectify these problems in the areas of Recruitment and Retention, Strategic Planning, Communication and Board of Directors (Attachment A).

Ms. Martinez stated that the Department recommends that that Budget Committee and the Health Commission approve the following recommendations for the Bayview Hunters Point Foundation contract:

1. Renew the contract for one year, fiscal year 2001-2002,with the exception of the CIRT Program, which would be terminated effective February 28, 2002, thereby reducing the contract by $43,202.

2. Convert CIRT program to civil service positions and integrate into CMHS in same model as Emergency Response to Fires Team.

3. DPH review with the Foundation the allocation of senior level positions across programs to determine if there are ways to better leverage available resources.

4. Prioritize the hiring of CMHS positions as follows: two 0.5 FTE psychiatrists at Tenderloin Clinic and Clubhouse. In the interim, fill vacant psychiatrist positions with temporary psychiatrists; fill all vacant clinical positions at Clubhouse/Socialization; and convert two Third Street psychologist positions that have been vacant for some time to social worker/counselor positions.

5. Integrate agency objectives into FY 01-02 contract language.

6. Formalize the centralized monitoring approach to working with the Foundation.

7. Return to the Health Commission in six months for an update and review of status, with an update after four months through the Joint Conference Committee.

Commissioners' Comments

- Commissioner Sanchez asked the executive director to respond to the recommendations. Karen Patterson-Matthew, Executive Director of Bayview Hunters Point Foundation, said that the agency has been working with the Department over the last several months. She stated that the vacancy factor has been a challenge, but they have made some reclassifications that should help. Ms. Patterson-Matthew stated the following with regard to the Department's recommendations. First, the CIRT program has never been adequately funded, and therefore has had difficulty responding to the needs in the community with so few resources. She said perhaps moving this into the department will give the program a greater opportunity to survive and succeed. She stated that the agency has tried to address the vacancy problems by reclassifying positions and increasing salaries. With regard to the recommendations for psychiatrist vacancies, the agency does have a formal agreement where they will be able to have psychiatrists assigned until the positions are filled. She stated that the agency has prioritized the recruitment efforts to fill the vacancies at the Tenderloin Clinic and Clubhouse. With regard to converting the psychiatrist positions, they have already been reclassified. She stated that the agency would certainly come back to the Commission with an update on their status. Commissioner Sanchez said that he was happy to see consensus on the recommendations, and thanked the staff for their diligent work with the agency.

- Commissioner Monfredini stated that she is concerned about the contract, and needs to hear that the executive director agrees with the Department's recommendations. Ms. Patterson-Matthew responded that she agrees with the conditions, honors them and will respond to them. Commissioner Monfredini added that the Department has been diligent and committed to

working with this agency, and she hopes that the Commission does not see these continuing problems again.

- Commissioner Jackson said that he is concerned about the Clubhouse day treatment program and the Tenderloin Clinic, and asked if progress was being made at both of these facilities. Ms. Patterson-Matthew feels they are making progress, and have worked with SEIU to reclassify positions so they pay higher salaries. Commissioner Jackson stated that he wants staff to keep a close eye on the hiring progress at the clinic and the day treatment program, and report back to the Committee with a status report every 30 days.

- At the full Commission meeting, Commissioner Guy asked the status of the negotiations with the union. Faye Rull from SEIU stated that significant progress has been made, and negotiations are nearing an end, but a few minor details have to be worked out. Ms. Patterson-Matthew stated that they have worked hard to make progress on the collective bargaining agreement.

Public Comment

- Damon Hale, Director of Violence Prevention and Intervention Services for Bayview Hunters Point Foundation, spoke about the recommendation to remove the CIRT program from the contract. He said that the CIRT services are critical and, that while the recommendation is absolutely necessary, the Department should be required to have a plan on how they will improve this service. There should be prudence and caution when moving forward with this recommendation.

Action Taken: The Commission approved the Consent Calendar of the Budget Committee, including the following recommendations for Item 3.10:

1) Renew the contract for one year, fiscal year 2001-2002,with the exception of the CIRT Program, which would be terminated effective February 28, 2002, thereby reducing the contract by $43,202.
2) Convert the CIRT program to civil service positions and integrate into CMHS in same model as Emergency Response to Fires Team.
3) DPH review with the Foundation the allocation of senior level positions across programs to determine if there are ways to better leverage available resources.
4) Prioritize the hiring of CMHS positions as follows: two 0.5 FTE psychiatrists at Tenderloin Clinic and Clubhouse (in the interim, fill vacant psychiatrist positions with temporary psychiatrists; all vacant clinical positions at Clubhouse/Socialization; and convert two Third Street psychologist positions that have been vacant for some time to social worker/counselor positions.
5) Integrate agency objectives into fiscal year 2001-02 contract language.
6) Formalize the centralized monitoring approach to working with the Foundation.
7) Return to the Health Commission in six months for an update and review of status, with an update after four months through the Joint Conference Committee and a status report to the Budget Committee on the hiring progress every 30 days.

Commissioner Jackson abstained from Item 3.7.

At the start of the Health Commission meeting, President Guy commended Larry Funk and his staff for opening up their facility, and thanked members of the audience for attending the meeting.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)

State Budget
The Governor has frozen spending on more than $2 billion in the current year until the Legislature can be convened to consider final budget reductions to meet an estimated $4.5 billion shortfall in this fiscal year. Among the cuts proposed are $30 million for California's trauma centers, of which San Francisco General Hospital was scheduled to receive $970,000, and a delay of the implementation of parent coverage under Healthy Families until July 2003. The Legislature has been called to a special session in January that will run concurrently with the regular session and will meet exclusively to consider matters related to the current year budget. It is DPH's understanding that the Mayor has contacted the Governor to support maintaining funding for California's trauma centers. The Department will continue to closely monitor these budget issues and work with the Mayor's office to minimize reductions in critical health services.

Recent DPH Health Fair a Potential Model of Service Provision
Housing and Urban Health led a collaboration of Health Department employees to conduct a health fair at two residential hotels. Staff from HUH, the AIDS Office and from TB Control and Prevention provided flu shots, HIV testing and counseling, STD screening and treatment, tuberculosis screening and urgent care medical services for the residents of the Le Nain and Pacific Bay Inn. The day was a great success with over fifty residents seeking out services and may be replicated as a model of service provision in the near future.

HIV Medication Adherence Support Services Grant
The University of California, San Francisco's Department of Medicine recently received funding for a five-year project to evaluate HIV medication adherence support services among HIV infected urban poor. The study will randomize a cohort of 400 HIV+ urban poor to directly observed therapy, the Health Department's Action Point Adherence Project and to regular care. Funding for this project should be an opportunity to evaluate the effectiveness of Action Point and Directly Observed Therapy.

Continued Increase in San Francisco Syphilis Cases
Director of the STD Section, Dr. Klausner, presented information about the increase in syphilis in San Francisco at the 2001 Infectious Disease Society of America (IDSA) Meeting that was held in San Francisco the weekend of October 26th, 2001. One of the biggest concerns about the increase in syphilis cases in the City is that of the 1,130 partners reported during 2001, only 8% had enough locating information for a disease intervention specialist to begin an investigation and notify them of their exposure.

The STD Section then held a meeting on October 30, 2001 with over 20 community leaders to educate them about the increase in syphilis in San Francisco and to get their ideas for interventions that would work and wouldn't work with MSMs in the City.

The following print items highlight the syphilis issue:

- On October 25, 2001, a press release was issued focusing on the increase in early syphilis in San Francisco. The story was then featured in an article in the San Francisco Chronicle and a number of local talk and news shows.

- Large ads are being run twice a month in the Bay Area Reporter, the largest free weekly paper in the City with a predominantly gay readership to inform MSMs about the continued increase in syphilis. The first ad was a bar graph, which depicted the increase in cases from 1998 to 2001.

- An editorial note about the increase in syphilis in the City was included in the October Monthly STD Report, which is distributed to over 800 providers in the City. The note contained a recommendation to screen all sexually active gay and bisexual men twice each year for syphilis.

Outreach to Reduce Unsafe Sexual Activities in San Francisco Sex Clubs

The STD Section is continuing to work closely with the City's sex clubs, adult bookstores and selected bars/clubs to ensure that syphilis information is available, condoms are accessible and signage is posted notifying patrons that unsafe sexual activities will not be tolerated. In October, a member of the syphilis rapid response team attended a meeting of 25 bookstore managers in the City. Copies of a newly developed poster were handed out that graphically depicts a chancre on a penis. These posters will be hung in all of the bookstores along with newly developed signage setting out the "safer sex rules" for the establishment. Referral cards for the STD Program will be readily available to clients and increased numbers of condoms will be located throughout the bookstores, both in the lobby as well as the arcade.

Trauma Plan Approval

On November 5, 2001 the State of California Emergency Medical Services Authority completed a detailed review and approved the San Francisco 2001 Trauma Care System Plan. The EMS and Trauma System improvements outlined in the plan include:

- Developing measures to ensure adequate oversight of the trauma system;
- Redesignating SFGH as the Trauma Center;
- Establishing formal audit committees for trauma quality improvement;
- Improving pediatric trauma care; and
- Performing a needs assessment and feasibility analysis for air medical access.

These changes will measurably improve the care of trauma victims throughout San Francisco. The EMS Section will keep the Department abreast of progress on this important program.

Trauma Center Consultation Site Survey

On November 15 and 16, the American College of Surgeons (ACS) conducted a consultative site survey to assess the SFGH Trauma Center. This survey evaluated the hospital's current state of preparation for a Level I Trauma Center verification site survey and identified areas for improvement. The surveyors were provided with SFGH's responses to a 165 item pre-survey questionnaire six weeks prior to this site visit. This survey covered all aspects of the continuum of trauma care at SFGH, including: hospital administration and organization; physician trauma education and on-call scheduling practices; trauma performance improvement; nursing education and competency; disaster program; roles and responsibilities of the Trauma Director, Trauma Coordinator and Trauma Surgeons. The consultative visit ended with a session reviewing all findings and provided SFGH with an action plan of required adjustments to the Trauma Center's

program. The ACS recommended that SFGH schedule a Level 1 Trauma Center Verification and Designation site survey to occur in one year.

Substance Abuse and Mental Health Services Administration (SAMHSA) Grant.
Community Mental Health Services (CMHS) has been awarded a three-year SAMHSA grant for $1,200,000.

The goals of the project are:

1) To develop and implement transgender specific and sensitive mental health services in a primary health care setting in order to meet the needs of MTF transgenders with co-occurring multiple problems;
2) To build service networks among a coalition of community collaborators, including health providers, consumers, and researchers, that can assure appropriate assessment, treatment, evaluation, information dissemination, and referral services for the targeted transgender community; and
3) To provide transgender sensitive and culturally competent outreach in the targeted communities through expansion of existing community outreach efforts to MTF transgenders.

SFGHMC Successfully Completes JCAHO Clinical Labs Survey
Dr. Katz announced that San Francisco General Hospital Medical Center successfully passed their JCAHO Clinical Laboratory Survey with an impressive score of 98% and no Type I's. From November 5 - 7, two surveyors visited and assessed the Departments of Clinical Laboratories, Pathology, Nuclear Medicine, and primary clinics which conduct point-of-care testing.

Congratulations to Valerie Ng, MD, Chief of Clinical Laboratory Services and Mary Clancy, Director of Clinical Laboratories and their staff for all of their hard work and success!

In addition, a special thanks to Robert Christmas, Chief Operating Officer-LHH for all of his assistance and expertise in preparing the department for a successful survey.

Emergency Response Combined Exercise
On November 15, SFGH participated in the statewide disaster exercise by hosting a combined Fire – Police – HazMat – Hospital drill on the Campus. Over 100 emergency response workers from Police, Fire, SFGH, OES and EMSA participated in this large-scale training event. SFFD and SFPD committed mobile command vans and fire apparatus to the exercise. The focus of the 4-hour training and drill was on inter-agency cooperation and coordination in response to a hazardous materials and incendiary device response. Additional participants included the City of San Francisco's Metropolitan Medical Response Team, Public Information Officers from Fire, Police and SFGH and the Office of Emergency Services. An hour long debriefing was held in Carr Auditorium following the event to identify lessons learned and an action plan for future responses. Recommendations for improvement include: improved radio communications, implementation of unified command, location adjustments for field command post, improved perimeter control and improved drill time sequencing. Participants committed to continued inter-agencies training efforts in the future.

21st Annual SFGHMC Employee Recognition Banquet
On November 16th, San Francisco General Hospital Medical Center honored over 400 employees for their years of services and special accomplishments. Gene O'Connell, SFGHMC Executive

Administrator, acknowledged that everything the hospital achieves is all made possible by the dedication and hard work of all employees.

This year's banquet included music by B. Jack and a beautiful rendition of "America the Beautiful" by Bernice Gary, a SFGH employee. SFGHMC was also honored to have both Health Commissioners Roma Guy and Arthur Jackson present to acknowledge the hard work and dedication of all SFGHMC employees. Dr. Katz congratulated all SFGHMC employees in their success and accomplishments.

CHN/SFGH Medical Staff Credentialing Report
November 2001
(From 11/05/01 MEC and 11/13/01 SFGH)

	11/01	2001 YTD
New Appointments	12	83
Reinstatements	0	6
Reappointments	45	398
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	18	147
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	3	19
Voluntary Relinquishments	5	25
Proctorship Completed	38	156
Current Statistics (as of 11/-1/01)		
Active Staff		361
Affiliate Professionals (non-physicians)		183
Courtesy Staff		479
Referring Staff		43
Total Members:		**1,066**
Applications in Process		100
Applications Withdrawn – Month of October 2001		3
SFGH Reappointments in Process Through March 2002		211

Commissioners' Comments

- Commissioner Monfredini, with regard to outreach to reduce unsafe sexual activities in sex clubs, asked who distributes the information at the sex clubs, who ensures that this information

is indeed disseminated and what control the Department has to see that this happens. Dr. Katz responded that, as it stands now, the City and County does not regulate sex clubs, and there are no rules that require that the clubs must distribute literature. However, when there is an outbreak, health officers have additional authority to say that clubs that do not comply with Department rules can be closed as a health hazard. However, in the absence of an outbreak, the Department has very little power.

- Commissioner Umekubo asked what the implications of the Governor's cuts for the trauma money are for the Department. Dr. Katz responded that the money was going to fund necessary staffing to fulfill the mission of the Trauma Center. In the absence of receiving that money, the Department either will need to reallocate dollars from some other source, or will not be meeting the mission.

- Commissioner Parker asked if STD incidence data could be reported quarterly. Dr. Katz responded that he would make sure that there is a monthly report on STDs to Commissioners, in addition to information on outbreaks of other communicable diseases. Commissioner Parker suggested that this information be brought to the JCCs and discussed under emerging issues. Commissioner Parker added that there seems to be a movement afoot to get two helipads in San Francisco, and asked the Department to keep the Commission updated.

- Commissioner Guy congratulated the Department for its Trauma Plan approval and the successful JCAHO Clinical Lab Survey.

- Commissioner Chow congratulated the Department on the SAMHSA grant.

5) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEES RECOGNITION AWARDS FOR THE MONTH OF NOVEMBER

Commissioner David Sanchez, Ph.D., presented the Department of Public Health employee recognition awards for the month of November to the following teams:

Team #1	Division	Nominated by
Medicine Psychiatric Services Lorraine Killpack, Ph.D. James Zelaya-Wagner, MSW	Laguna Honda Hospital	Charles H. Stinson, M.D., LHH Chief of Psychiatry

Team #2	Division	Nominated by
Telecommunication Services Patricia Brown Alva Collins Mark Del Fante Linda Fields Beverly Johnson Freida Warren	Laguna Honda Hospital	Larry Funk, Cheryl Austin, and Anthony Wagner

6) **LAGUNA HONDA HOSPITAL ANNUAL REPORT**
(Larry Funk, Executive Director, Laguna Honda Hospital)

Larry Funk, Executive Director of Laguna Honda Hospital, welcomed the Health Commission to Laguna Honda Hospital. He stated that this year celebrates 135 years of service by Laguna Honda Hospital to the community of San Francisco. Laguna Honda Hospital fits into the overall mission of the Department of Public Health by providing quality long-term care and rehabilitative services, as well as a variety of outpatient services to support the elderly and disabled in the community. He said that transitioning to a resident-centered treatment approach has required significant change, but that is the direction the facility has been moving toward.

Terry Hill, M.D., Laguna Honda Hospital Medical Director, continued the presentation by giving an overview of the demographics of Laguna Honda Hospital's population. Dr. Hill stated that the population of LHH is shifting, with the big news being that the younger male population has grown significantly. Since 1990, the younger male population has tripled. Dr. Hill stated that there has also been growth in the number of patients with serious behavioral problems.

Dr. Hill summarized the initiatives that have been undertaken to improve patient flow and integration, which are as follows:

- Community reintegration program
- Expediting admissions from SFGH
- Clinical clusters
- Flow to the LHH Adult Day Health Center to help make the transition to community living.
- Health at Home Collaboration
- Bridge Committee
- Peer Mentors Program
- IHSS Discharge Liaison Program
- Collaboration with Housing and Urban Health
- Risk and Relocation Committee

Mary Louise Fleming, Director of Nursing, continued the presentation by discussing workforce issues and partnerships with academia and the community. She highlighted three key programs that have been established to meet the changing needs of the population: The Psychosocial Cluster; Substance Abuse Treatment Program; and the Medical Cannabis Program.

Ms. Fleming then discussed partnerships to improve recruitment, retention and training. She stated that although the country is facing a nursing shortage, Laguna Honda Hospital has positioned itself over the last few years by partnering with community agencies and schools to attract the best and the brightest into long-term care. She stated that they have partnered with San Francisco State University, and that 15 Laguna Honda Hospital nurses are in the master's program at SFSU. In addition, LHH is a site for educational classes, and currently they host a health policy class on Tuesday evenings. The hospital has also established a strong partnership with UCSF, and collaboration with the university resulted in a $90,000 grant to increase the proportion of culturally and ethnically diverse students in the program. Laguna Honda Hospital also became a member of the Stanford Geriatric Education Center, and is part of a five-year grant in which the study of ethno-geriatrics is a prime mission. Ms. Fleming then described the Temporary Transitional Work Program, which has successfully placed 100 percent of eligible injured workers into work assignments within the organization. She ended by acknowledging the Laguna Honda Hospital volunteers.

Nancy Arata, Chief Financial Officer, gave the FY 2000-01year-end finance report for Laguna Honda Hospital, which ended the year with a surplus of $4.7 million. The hospital received $107 million in net patient revenues, which represented a 12 percent increase over the prior year. The majority of this increase came from a one-time allocation from the State for distinct part skilled nursing facilities, and an increase to hospital's reimbursement rate. The hospital experienced expense overages in pharmaceutical supplies, linen expenditures, legal fees and energy expenses. They were underbudget in the area of salaries and benefits.

Mr. Funk then discussed the host of opportunities that the Laguna Honda Hospital rebuild project presents for improving patient flow and increasing integration. Patient care, improving quality, enhancing patient flow and creating operational and cost efficiencies are some of the principles that guide these discussions. Staff will continue to explore these opportunities working with SFGH and DPH.

Commissioners' Comments

- Commissioner Monfredini asked for a further breakdown of the younger male population, specifically 18-25. Dr. Hill will get her this information. She was pleased with the high number of discharges, as compared to when she first began on the Health Commission, and congratulated staff for this. Commissioner Monfredini then asked if the Department of Justice investigations were nearing conclusion. Tony Wagner said that they are attempting to bring the two Department of Justice investigations to a close.

- Commissioner Jackson stated that it has been a pleasure to serve on the Laguna Honda Hospital Joint Conference Committee because all of the staff is so enthusiastic about their mission.

- Commissioner Umekubo echoed Commissioner Jackson's comments about serving on the Joint Conference Committee. Staff is really committed to having Laguna Honda be the best long-term care facility in the country, which Commissioner Umekubo feels is entirely possible.

- Commissioner Sanchez stated that Laguna Honda is a center of excellence that requires tremendous team effort.

- Commissioner Parker stated that the staff gives a sense of hope and encouragement, and does so much with so little. He stated that the hospital is very effective in treating its target population, and has done this through the integration of services.

- Commissioner Chow stated that the vision for the hospital that was discussed a number of years ago—to become academically-based, a center of excellence, and premier rehabilitation center, to have a continuum of care on campus—is coming to fruition. In addition, the goal of having more people discharged from the hospital and into the community is critical. He said that we must continue to look at what the future holds for the hospital given the changing demographics of the patient population, and continually explore how to best serve these populations.

- Commissioner Guy stated that Commissioner Chow is really summarizing the view of the Health Commission that the Commission really wants to go in this direction. The Commission appreciates the work that staff does on a daily basis to carry out this change, which does not happen easily in a large institution. Commissioner Guy commended staff for their excellent report.

Public Comment

- Robert Neil, President of the Resident Council at Laguna Honda Hospital, stated that he supports staff's efforts for renewed vision. He is a participant in the planning but also a recipient. He stated that he did not support the introduction of the use of cannabis at Laguna Honda, and that the impacts on the people who do not participate were not considered. He supports the development of the rehabilitation program.

Commissioner Umekubo left the meeting at 4:55 p.m.

7) **LAGUNA HONDA HOSPITAL REPLACEMENT PROJECT UPDATE**
(Larry Funk, Executive Director, Laguna Honda Hospital)

Larry Funk introduced Dr. Terry Hill and Mary Louise Fleming who discussed the resident-focussed holistic care approach to the rebuild of the facility. Dr. Hill stated that the design of the new facility is an outcome of all of the information that was presented in the annual report.

Michael Lane continued the presentation by summarizing the project budget and schedule. The project is on budget for 1,200 beds, after having been over budget by approximately $57 million. The current design has increased square footage for both new and remodeled construction. This translates into significant increases in resident care and resident activity square footage than what was in the original design. Mr. Lane stated that the budget will need to be monitored, and they will do another round of estimates in March, after they complete the second last stage of design.

Derrick Parker from Anshen and Allen discussed the resident communities and services and the building design. The design of the facility must reflect the diverse resident community, as well as the various resident services that are provided on site. Mr. Parker said that the journey to the new Laguna Honda begins by considering the experience of the single resident. In July 2000 the program allocated only one single bed for every 50 multi-bed rooms. Staff encouraged the architects to find more opportunities for more privacy in rooms. Mr. Parker said that after much study, they developed the triple room, which allows individuals privacy by simply closing a door. The design then aggregates these rooms into a household of 15 residents, who share a common living room. Sixty percent of residents will either have single room or triple room. Forty percent of the rooms are "toe to toe," with each person having his own window. At the center of each floor is the neighborhood core.

In response to a question from Commissioner Guy, Mr. Parker discussed parking on site. The new facility will have approximately 50 more parking spaces than the number currently on site. Staff is also widening the access road to Woodside, which will be shared with the Youth Guidance Center.

Mr. Lane concluded the presentation by summarizing communications with residents and the community around the rebuild project. The project team has regular meetings with Laguna Honda Hospital residents though the Residents Council, the Family Council and quarterly town hall meetings. A Community Advisory Group meets quarterly, and staff has regular meetings with neighborhood groups. In addition, updated project information is available on the Internet at **www.dph.sf.ca.us/LHHReplace/**

Mr. Lane concluded by thanking the members of the rebuild team.

Commissioners' Comments

- Commissioner Chow asked about the elevation from the bottom of the walkway to the facility. Mr. Lane responded that it is approximately three stories. Dr. Katz has asked the architect to consider a funicular, which they have but at this point there is no funding. Dr. Katz stated that one possibility is working with MUNI, since the bus stops serves LHH staff and visitors. Commissioner Chow asked where the Asian unit and other clusters would be located. Mr. Funk stated that they have identified the locations of all 40 clusters, and will be presenting this to the Laguna Honda Hospital Joint Conference Committee.

- Commissioner Parker asked if a person would have to go outside to get from place to place on the campus. Mr. Lane responded that residents will be able to get anywhere on the campus without going outside. Commissioner Parker then asked who will live in the assisted living facility. Mr. Funk responded that the concept is that the assisted living facility will be a resource for the entire Department. Commissioner Parker asked if the tobacco revenue will be close to what was originally estimated. Mr. Funk responded that the Mayor's Office of Public Finance has reduced the estimates by 25 percent. Mr. Lane added that they have not yet had to issue any general obligation bonds for the project.

- Commissioner Guy thanked the project team for building the consensus that was needed to move forward with this project.

- Commissioner Monfredini asked about solar energy capability. Mr. Lane responded that this will be a "green building", and they have committed to a 30 percent reduction in energy usage.

Public Comment

- Robert Neil said that all the efforts have proved to be worthwhile, and his work was published in a calendar.

8) **OVERVIEW OF DEPARTMENT OF PUBLIC HEALTH SERVICES IN SUPERVISORIAL DISTRICT 7**
(Colleen Johnson, Interim Director, Office of Policy and Planning)

Colleen Johnson presented an overview of District 7 demographics, as well as an overview of services provided by the Department of Public Health to residents of that district. There are approximately 69,000 residents in District 7, who are generally older than residents in other districts in San Francisco. With regard to health data, the leading causes of death for men in District 7 are similar to the rest of the city, and are HIV/AIDS infection, ischemic heart, lung cancer, stroke, and suicide. The leading causes of death for women in District 7 are heart disease, stroke, lung cancer, breast cancer and pneumonia.

DPH Sites in District 7

- Laguna Honda Hospital and Rehabilitation Center
- Special Programs for Youth
- OMI Family Center
- Community Mental Health Services System of Care Contractors
    - Oakes Children's Center
    - Recreation Center for the Handicapped
    - Robertson Place (Baker Places)
    - Team II Adult Outpatient Services
- Eleven private mental health service providers
    - Other Facilities
- UCSF Medical Center - Parnassus Heights

Ms. Johnson then described the utilization of the Community Health Network by District 7. She cautioned the commissioners that this data might be skewed by the fact that residents of Laguna Honda Hospital, who have a high utilization, are District 7 residents and included in the data.

Ms. Johnson stated that District 7 residents over 64 are less likely than residents citywide to access CHN services. With regard to utilization of CMHS, District 7 children and seniors were more likely than adults to access CMHS services.

Commissioners' Comments

- Commissioner Monfredini stated that the Ocean Park Health Center is very close to District 7. She stated that there are large pockets of homelessness in District 7 that are largely ignored.

9) OTHER BUSINESS/PUBLIC COMMENTS

None.

10) ADJOURNMENT

The meeting was adjourned at 6:05 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

Attachment (1)

Bayview Hunters Point Foundation
Agency Objectives for Fiscal Year 2001-02
Revised 10-17-01

#	FY02 Objective	Products Due	Received by DPH
Recruitment and Retention			
1	By 6-30-02, an overall 8.4% Vacancy Rate is achieved. This reflects a 25% improvement (decrease) from the FY01 base rate. Note: Base = first six months of FY00-01.	a. Position Control Reports (electronic copy) of all current positions outlining: • Program • Position title • FTE • employee name (or vacancy) • hire date • performance appraisal dates (due and given) b. Vacancy Control Reports (electronic copy), outlining for each position vacant over 3 months, its respective: • Program Title • Position Title • FTE • Date became vacant • Date candidate was selected • Date candidate started (will start)	Quarterly Reports: ▪ Jul-Aug-Sep totals by October 23, 2001. ▪ Oct-Nov-Dec totals by January 31, 2002. ▪ Jan-Feb-Mar totals by April 30, 2002 ▪ Apr-May-Jun totals by July 31, 2002.
Strategic Plan			
2	By 6-30-02, a plan, including goals and objectives, is developed, reviewed, and approved with BVHPF bargaining staff and DPH representatives.	a. Minutes of meetings. b. Published Strategic Plan.	a. Quarterly, by the last business day of the following month. b. 6-30-02
Communication			
3	By 6-30-02, two formal communications occur with staff and community.	Copies of, or summary of, formal communications.	Quarterly, by the last business day of the following month.
Board of Directors			
4	a. The number of filled Board of Directors seats is in compliance with BVHP Foundation by-laws. b. At least one consumer or individual who is a member of the class of person intended to benefit from the organization's services serves on the BVHP Foundation Board of Directors.	Notification of vacancies.	Within two weeks of vacancy.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: *http://www.dph.sf.ca.us*

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 4, 2001
at
3:00 p.m.
San Francisco General Hospital*
Carr Auditorium
22nd Street and Potrero Avenue
San Francisco, CA 94110

DOCUMENTS DEPT.

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***PLEASE NOTE CHANGE IN MEETING LOCATION.**

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. AT SAN FRANCISCO GENERAL HOSPITAL, CARR AUDITORIUM. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 20, 2001**
**Minutes of November 20, 2001*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-Strategic Planning** – Request for approval of a new contract with The Lewin Group to develop a long range service delivery plan for the Community Health Network, in the amount of $350,000, for the period of January 1, 2002 through June 30, 2002.
* *Calendaring request memo*

(3.2) **CHN-SFGH/Pharmacy** – Request for approval of a contract modification with Pharmaceutical Care Network, in the amount of $1,500,000, for pharmacy benefits management services targeting CHN indigent clients, and to shorten the contract duration to 15 months ending March 31, 2002, for a total contract value of $9.9 million.
* *Calendaring request memo, Monitoring report summary*

(3.3) **CHN-Primary Care** – Request for approval of a retroactive multiyear contract renewal with the John Stewart Company to provide fiscal agent services, in the amount of $89,844 per year, for a contract total of $359,376, for the period of July 1, 2001 through June 30, 2005.
* *Calendaring request memo, Monitoring report summary, Response to monitoring report*

(3.4) **PHP-Housing** – Request for approval of a new retroactive contract with Tenderloin Housing Clinic, in the amount of $200,000, to provide community programs, tenant outreach and tenant stabilization services, for the period of August 1, 2001 through June 30, 2002.
* *Calendaring request memo*

(3.5) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $3,108,249, to provide various substance abuse treatment services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries, Client demographic information form*

(3.6) **PHP–Substance Abuse** – Request for approval of a retroactive contract renewal with Horizons Unlimited of San Francisco, in the amount of $1,163,501, to provide day treatment, outpatient and prevention substance abuse treatment services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summary letter, Monitoring report summaries, Client demographic information forms*

(3.7) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Jewish Family and Children's Services, in the amount of $1,129,842, to provide outpatient mental health services to children and youth from the former Soviet Union and consultation to childcare providers and children in childcare, for the period of July 1, 2001 through June 30, 2003.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.8) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc. in the amount of $5,042,493, to provide various mental health and fiscal intermediary services for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.9) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,434,911, to provide children's mental health, adult care management, geriatric, substance abuse and fiscal intermediary services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries, Client demographic information forms*

(3.10) **PHP-AIDS Office** - Request for approval of new FY 2002 Federal Centers of Disease Control and Prevention contracts, for a total of $6,844,978, for the period of January 1, 2002 through December 31, 2002 for services awarded through RFP 017-01, Targeting Defined Behavioral Risk Populations, with the following agencies:

Ark of Refuge	$ 176,585
Asian Pacific Islander Wellness Center	$ 421,097
Bay Area Young Positives	$ 111,334
Better World Advertising	$ 370,000
CAL-PEP	$ 167,722
California AIDS Intervention Training Center	$ 327,711
Glide Foundation	$ 286,310
Health Initiatives for Youth	$ 83,983
Instituto Familiar de la Raza	$ 380,144
Mission Neighborhood Health Center	$ 142,702
Mobilization Against AIDS International	$ 427,138
St. James Infirmary	$ 166,825
SFDPH Forensics AIDS Project	$ 343,710
SFDPH Maternal and Child Health	$ 57,105
SFDPH Special Programs for Youth (SPY)	$ 155,639
SFDPH STD Prevention and Control Services	$ 595,671
SFDPH San Francisco General Hospital	$ 267,530
Shanti Project	$ 302,670
South of Market Health Center	$ 78,392
Stop AIDS Project	$ 320,086
UCSF/AIDS Health Project	$ 687,190
UCSF/SFGH/Substance Abuse Services	$ 105,110
UCSF/Urban Health Study	$ 546,263
UCSF/UFO Study	$ 186,432
Walden House	$ 137,629
	$6,844,978

** Calendaring request memo, Agency and Service description pages*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department.)
**Report*

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER (FY 2000-2001)**
(Gene O'Connell, Executive Administrator, SFGH)
**Report*

7) **FOR DISCUSSION:** **ANNUAL MEDICAL STAFF REPORT (FY 2000-2001)**
(J. Renee Navarro, MD, Chief of Staff, SFGH)
**Report*

8) **FOR ACTION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER POLICIES AND PROCEDURES: HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE; PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS); AND UTILIZATION MANAGEMENT**
(Sue Currin, R.N., Chief Nursing Officer; and John Luce, M.D., Medical Director for Quality Management)
**Policies and Procedures*

9) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER PERFORMANCE IMPROVEMENT REPORT**
(Hiroshi Tokubo, Director Quality Management; John Luce, MD, Medical Director for Quality Management, SFGHMC)
**Report*

10) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL COMPETENCY REPORT (FY 2000-2001)**
(Rod Auyang, Human Resources Operations and Merits Manager, DPH)
**Report*

11) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL ENVIRONMENT OF CARE REPORT (FY 2000-2001)**
(John Kanaley, Sr. Associate Administrator for Support Services)
**Report*

12) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER SB 1953 COMPLIANCE PLAN**
(Carlos Villalva, Chief Architect, SFGHMC)
**Report*

13) **FOR ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER GOVERNING BODY BYLAWS**
(Kathleen Murphy, Deputy City Attorney, SFGHMC)
**Bylaws*

14) **PUBLIC COMMENTS****

15) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

San Francisco General Hospital, Carr Auditorium

Disability Access

SFGH Carr Auditorium is wheelchair accessible through the elevator at the main entrance on 22nd Street. There is a direct link phone located at the elevator for those who require assistance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

Carr Auditorium is accessible by wheelchair-friendly Muni Lines #9 San Bruno, #9X San Bruno Express, and #48 Quintara. For further information regarding Muni transportation, please call 923-6142, 673-MUNI, and 923-6366 (TDD). Accessible parking is available at 22nd Street and Potrero Avenue.

To allow individuals with environmental illness or chemical sensitivity to attend meetings/events, individuals are requested to refrain from wearing perfume or other scented products.

Know Your Rights Under The Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at:

Sunshine Ordinance Task Force
Donna Hall, Administrator
City Hall, Room #244
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

Telephone: (415) 554-7724
Fax: (415) 554-5163
E-mail: Donna_Hall@ci.sf.ca.us

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

Roma P. Guy, M.S.W.
President

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 4, 2001
at
3:00 p.m.
San Francisco General Hospital
Carr Auditorium
22nd Street and Potrero Avenue
San Francisco, CA 94110

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1) CALL TO ORDER

The Health Commission meeting was called to order by Vice President Edward A. Chow, M.D., at 3:10 p.m.

Present: Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr. Ph.D.
Commissioner John I. Umekubo, M.D.

Absent: President Roma P. Guy, M.S.W.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF NOVEMBER 20, 2001

Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the minutes of the November 20, 2001 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(3.1) **CHN-Strategic Planning** – Request for approval of a new contract with The Lewin Group to develop a long range service delivery plan for the Community Health Network, in the amount of $350,000, for the period of January 1, 2002 through June 30, 2002.

Commissioners' Comments

- Commissioner Sanchez asked if the senior management of The Lewin Group has been reorganized to be more inclusive. Mr. Keith Hearle and Ms. Little-Durham, both from The Lewin Group, responded that they are a section of Quintile Transnational Corporation, which is a privately held company. While the board of directors of the company is not reflective of the communities such as San Francisco, The Lewin Group has attempted to be more reflective of the communities it works in.

(3.2) **CHN-SFGH/Pharmacy** – Request for approval of a contract modification with Pharmaceutical Care Network, in the amount of $1,500,000, for pharmacy benefits management services targeting CHN indigent clients, and to shorten the contract duration to 15 months ending March 31, 2002, for a total contract value of $9.9 million.

Commissioners' Comments

- Commissioner Jackson asked if the new, restructured contract would result in cost reductions. Ms. Sharon Kotabe, CHN Director of Pharmaceutical Services responded that the goal for the new contract is to reduce costs.

Public Comment

- Michael Lyon, Coalition to Save Public Health-San Francisco, stated that the problems predicted by labor and community members when the PBM contract was approved have happened—the money that was supposed to last for 20 months has run out after 12 months. Mr. Lyon suggested three options for the pharmacy: continue the PMB contract; take advantage of the new Senator Speier bill that allows pharmacies to contract with qualifying hospitals, but without PBM as an intermediary; and DPH to open satellite pharmacies in different neighborhoods.

(3.3) **CHN-Primary Care** – Request for approval of a retroactive multiyear contract renewal with the John Stewart Company to provide fiscal agent services, in the amount of $89,844 per year, for a contract total of $359,376, for the period of July 1, 2001 through June 30, 2005.

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Commissioners' Comment

- Commissioner Monfredini clarified that the money to fund this program is a one-time addback, and urged the agency to fundraise to support this program on an ongoing basis.

(3.5) **PHP-Substance Abuse** – Request for approval of a retroactive contract renewal with Chemical Awareness and Treatment Services, Inc. (dba Community Awareness and Treatment Services, Inc.), in the amount of $3,108,249, to provide various substance abuse treatment services, for the period of July 1, 2001 through June 30, 2002.

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Commissioners' Comments

- Commissioner Jackson, commenting on the agencies in Items 3.5, 3.6 and 3.7, stated that he hates to see agencies that do a great job providing services to the community receive a low rating on their monitoring report because they do not submit the required documentation. The Department needs to help agencies set up systems, and the agencies need to meet the Department's requirements.

- Commissioner Sanchez echoed the comments of Commissioner Jackson, and said that negative Program Compliance ratings for otherwise quality agencies are discouraging and must be addressed.

(3.8) **PHP-Mental Health** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc. in the amount of $5,042,493, to provide various mental health and fiscal intermediary services for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Monfredini, referring specifically to the Adolescent Day Treatment Program, asked if the new model that was developed will address performance concerns on a long-term basis. Ms. Sai-Ling Chan-Sew, Director of CMHS Children and Family Services, responded that they now have additional educational staffing from the San Francisco Unified School District, and believe they have a good program.

(3.9) **PHP-Mental Health/Substance Abuse** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $5,434,911, to provide children's mental health, adult care management, geriatric, substance abuse and fiscal intermediary services, for the period of July 1, 2001 through June 30, 2002.

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Walden House	$ 137,629
	$6,844,978

Commissioners' Comments

- Commissioner Jackson asked if the funding follows the trends identified by the data. Steven Tierney said yes. He added that the Department expects to issue an RFP next month to specifically to provide services to young African American MSM, which is the newest emerging trend.

- At the Health Commission meeting, referring to the number of contracts that had performance or program compliance problems, Commissioner Parker commented that it seems agencies vary from year to year on how they meet their performance objectives. He said that the Department needs to help agencies do a better job of performing consistently, and has to keep tabs on the agencies to ensure that they are indeed performing. Dr. Katz responded that the Department's goal is to do a good job with technical assistance as well as evaluation.

- Commissioner Monfredini stated that, during the Budget Committee meeting, committee members conveyed to staff and agency representatives that they do no want to see the same program monitoring ratings in next year's contracts.

Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the consent calendar of the Budget Committee, with Commissioner Jackson abstaining on Item 3.8.

Commissioner Chow expressed the Commission's heartfelt sympathy for President Roma Guy and her family for the loss of President Guy's mother.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)

Substance Abuse and Mental Health Services Administration (SAMHSA) Grant
Community Mental Health Services (CMHS), has been awarded a three-year SAMHSA $1.2 million grant, "Transgender Life Care". The goals of the project are: 1) To develop and implement sensitive mental health services at a primary health care setting for MTF transgenders with co-occurring multiple problems; 2) To build service networks among community collaborators in order to assure appropriate assessment, treatment, evaluation, and referral services for the targeted transgender community; and 3) To expand existing community outreach efforts to MTF transgenders.

The project will be conducted by a broad coalition including the Castro Mission Health Center; Health Studies for People of Color (HSPC), Center for AIDS Prevention Studies (CAPS), University of California San Francisco (UCSF); Walden House substance abuse treatment services; four AIDS Service Organizations (ASOs) providing transgender specific programs; and consumers. Wayne Clark, Ph.D. is the Principal Investigator.

Children and Youth DV FREE
On November 15th and 16th, Children and Youth DV FREE, a project of the Community Health Education section, provided training to 20 youth and their service providers. The training, targeted to Asian and Pacific Islander San Franciscans, focused on popular education and community organizing strategies that can be used to change youth attitudes and values regarding intimate partner violence.

Commissioners' Comments

- Commissioner Chow asked Dr. Katz if he was considering any program adjustments to handle the problem of current year overexpenditures at San Francisco General Hospital. Dr. Katz responded that the Department might request a non-general-fund supplemental appropriation to help San Francisco General Hospital get through the rest of the year. Funding for the supplemental could come in part from increased revenue that has resulted from the increased census at the hospital, a higher-than-budgeted intergovernmental transfer and salary savings.

- Commissioner Monfredini said that San Francisco General Hospital has exceptional staff who is working far beyond what is expected of them. She recalled that there have been budget years when city departments have been asked to sacrifice for one department that is having budget problems, and might this be done for the Health Department this year. Dr. Katz responded that that is more likely a solution for the new budget year, not the current budget year. He said that in the coming year, the hospital is expected to absorb $11 million in salary increases, and there is no way it can cut that level of expenditures. Given that, the Commission, the Mayor, the Board of Supervisors and the public will need to have a public debate about the city's priorities.

- Commissioner Chow expressed the Commission's appreciation for the hospitality of the staff San Francisco General Hospital, and that it is a pleasure to meet at one of the finest public hospitals in the United States. He is also very pleased that the Director of Public Health attends at the hospital once a year. This gives the Director the perspective he must have to make prudent and appropriate decisions.

5) **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**

Commissioner John Umekubo presented the awards to the following persons.

Awardees	Division	Nominated by
John Dang	Community Health Network, Refugee Clinic	Patricia Birmingham, Nurse Manager
Mozettia Henley, RN, DNS	San Francisco General Hospital, Administration	Ernestina Carrillo, LCSW, Albert Gaw, MD, Alex Anagnos, MSN, RN, Linda Fenn, MA, Maureen Burns, RN, John Butts, RN, and Cher Brown, CNS
Terry Dentoni, RN, BSN	San Francisco General Hospital, Nursing	Sue Currin, RN, MSN, and Renee Navarro, MD
La Francine Tate	San Francisco General Hospital, Administration	Gene Marie O'Connell, Executive Administrator, SFGH

6) **ANNUAL REPORT OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER (FY 2000-2001)**

Gene O'Connell welcomed the Commission to the hospital. Ms. O'Connell stated that she sees San Francisco General Hospital Medical Center (SFGHMC) as having three separate but integrated parts: it is the only level one trauma center in the Bay Area; it is the only psychiatric emergency center in the city; and a mental health rehabilitation component. The hospital's vision is to be the best public hospital in the country. The presentation was organized to show how the hospital is meeting the Health Department's Strategic Plan goals.

Goal: San Franciscans have access to the health services they need, while the Department emphasizes services to its target populations. 91,693 unduplicated patients are served by SFGHMC each year. SFGHMC is the community hospital for this area. 49 percent of patients come from the neighborhood surrounding the hospital. The data indicates that all the efforts to link patients to a primary care provider are working.

Goal: Reduce inappropriate institutional care and approve patient flow. Ms. O'Connell stated that this goal has received the most emphasis, and described the following activities:

1. A group of multi-disciplinary staff convened a Bed Utilization Committee to see how patient flow could be improved. A number of things happened: SFGHMC discharge lounge; condition yellow/condition red; increased 4A SNF capacity; patient rounds by chief nursing officer to facilitate patient flow; resource roving registered nurse to assist with expediting discharge and admission of patients.

2. Collaboration with CMHS. PES was able to reduce the rate of hospital admissions from 38 percent in 99-00 to 33 percent in 00-01. Decertified days in Psychiatry decreased, and they were able to maintain an average length of stay of 15 days. Ms. O'Connell emphasized that the collaboration with CMHS has been very successful.

3. ISIS Clinic. Emergency room usage and acute inpatient usage for infections has been drastically reduced. The clinic exceeded its goal, and has served more than twice the original estimate of clients.

She stated that the continued challenges to meeting this goal are that actual census continues to exceed budgeted beds, and there is a lack of appropriate, available community placement.

Goal: Ensure that CHN continues its vital role. Ms. O'Connell highlighted the work done around trauma services and disaster planning. This past year, the Trauma Nurse Practitioner program was instituted, and three nurse practitioners were added to the trauma team. She recognized the work of the San Francisco General Hospital Foundation, which raised over $650,000 during its trauma campaign. With regard to disaster planning, SFGHMC held Earthquake Preparedness Month, and Earthquake Safety Fair and a SFGHMC disaster exercise, and the hospital is participating in the Metropolitan Medical Response System.

Goal: Improve Integration of Physical and Behavioral Health Services. The hospital has emphasized increased collaboration with Mental Health, Substance Abuse Services, and community-based programs, and she highlighted the OZANAM program that was started last year. OZANAM is a 20-bed medically assisted detoxification community-based program. She said that through this service, the hospital is really able to have linkages with community-based service. Another example of furthering this goal is methadone expansion. This was a priority last year, and they where able to increase the slots from 265 to 380, a 43 percent increase. She then discussed the Medical-Behavioral unit on 5C, which allows a cohort of patients to receive integrated services, and highlighted the extremely successful Mental Health Rehabilitation Facility.

Goal: Disease and injury are prevented. Ms. O'Connell highlighted breast cancer services and injury prevention. The San Francisco General Hospital Foundation had a successful fundraising campaign to improve breast cancer services, and SFGHMC successfully completed the accreditation survey and MQSA inspection for mammography. In October 2001, the CDC awarded $4.5 million to the San Francisco Injury Center at SFGHMC to continue its work on injury prevention for five more years.

Goal: Cost efficient and resources are maximized. The hospital is meeting its budgeted FTE per bed. In addition, they have decreased inpatient "bill hold" which has resulted in lower accounts receivable and higher cash flow.

Goal: Address Infrastructure Needs of the SFGHMC campus. Various planning efforts are underway, including long range service delivery planning, DPH/UCSF collocation exploratory planning, UCSF chancellors long range development plan SFGHMC subcommittee, SFGHMC Institutional Master plan and the SB 1953 compliance plan.

Goal: Improve recruitment, retention and training. A Nursing Retention and Recruitment Committee has been formed to develop a retention plan that will guide the hospital in addressing nursing workforce issues over the next several years.

Goal: Partnerships with community. Ms. O'Connell discussed Health at Home, and said that without their work, patients would not be discharged in a timely manner. She also highlighted the collaboration with UCSF, and emphasized that their relationship with UCSF is a true partnership, and that everything presented as part of the Annual Report reflects this collaboration.

Ms. O'Connell then summarized the next steps:

- Prepare and pass JCAHO/state licensing
- Participate in SFGHMC master planning
- Complete ECG consultation in developing UCSF payment methodology
- Meet all standards as defined in San Francisco Trauma Plan
- Implement the Avon grant for improving women's services
- Implement pilot to transfer Institutional Police to the Sheriff's Department.

7) ANNUAL MEDICAL STAFF REPORT (FY 2000-2001)

J. Renee Navarro, M.D., Chief of Staff, SFGHMC, presented the Annual Medical Staff Report, and highlighted some of the activities that have taken place over the last year. Dr. Navarro stated that Dr. Philip Hopewell could not be at the meeting, but his comments have been incorporated into her presentation. She stated that there are 20 clinical departments at the hospital. She also previewed some of the bylaw amendments that the medical staff hopes to bring forward in February. She then described the medical staff composition, and the number of new appointments, reappointments and resignations over the past year. She highlighted three new programs that were developed last year. First, the medical direction of the trauma program was formalized, and in July the first Trauma Program Medical Director was hired. Second, trauma nurse practitioners were added. Third, the Traumatic Brain Injury program was established, with the goal of improving the care of the neurotrauma patient. The SF Airport clinic program was discontinued and transitioned to Catholic Healthcare West.

Dr. Navarro then discussed various performance improvement activities that were done last year by Internal Medicine, Family and Community Medicine, Community Primary Care, Radiology and Obstetric, Gynecology and Reproductive Services, including the very unique Orientation Clinic program that was developed by Internal Medicine for GMC new patients and the Pediatric Asthma Clinic that was established by Community Primary Care.

Dr. Navarro then described the resident training program. 820 residents rotate through SFGHMC per year; 209 per month. Attending physicians provide operational oversight of residents. There is an oversight committee to ensure that each department is following the mandate that residents work no more than 60 hours per week. Dr. Navarro stated that $80 million of research is performed by UCSF faculty members at San Francisco General Hospital.

Dr. Navarro concluded her presentation with a summary of medical staff next steps:

- Bylaws to the Health Commission for Review and Approval (2/02)
- Departmental Rules and Regulations Updated
- Patient Safety Initiative – Reduction of Medication Errors
- JCAHO – Spring 2002
- Task Force on the evaluation of physician ICD9 coding, in an identified effort to improve revenue generation
- Physician staff recruitment and retention
- Programmatic development: traumatic brain injury; Women's Injury Center

- 2002-2003 Budget, City, State and Federal restraints.

8) **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER POLICIES AND PROCEDURES: HOSPITAL PLAN FOR THE PROVISION OF PATIENT CARE; PERFORMANCE IMPROVEMENT AND PATIENT SAFETY (PIPS); AND UTILIZATION MANAGEMENT**

Sue Currin, Chief Nursing Officer, reviewed some of the changes in the Hospital Plan for the Provision of Patient Care policy. The plan describes patient care services, and is based on identified patient needs. The bulk of changes are in Section XIII-Care of Patients section of the plan. The plan focuses on the entire flow of the patient, from before admission to before and during discharge. This document serves as a general outline of how patient care is delivered, and staff is always looking at ways to make this more efficient.

John Luce, M.D., Medical Director for Quality and Utilization Management, discussed changes in JCAHO standards concerning patient safety and reduction of medical errors. Revisions to the previous Quality Improvement program have been made to include these new requirements. One such revision was changing the name of the committee to the Performance Improvement and Public Safety Committee (PIPS), to reflect the new JCAHO terminology. The goal of the committee is to promote a culture toward proactive efforts to reduce errors and reporting of medical errors and adverse events in a manner that has not been done before.

Dr. Luce then discussed the communication pathways and reporting structure. The PIPS Committee, and in turn the Medical Executive Committee and the governing body, receive information about unusual occurrences, clinical risk indicators, adverse drug events and a number of other things from a variety of sources. The PIPS Committee identifies issues and makes recommendations to the Medical Executive Committee. They are instituting an on-line "unusual occurrence" system. The PIPS Committee is responsible for selecting at least one process annually for proactive risk assessment, and that adverse drug reactions has been selected for review in 2002. There are no significant changes to utilization management.

Commissioners' Comments

- Commissioner Monfredini asked how the revised policy differs from previous practice. Dr. Luce responded that the hospital has always had quality improvement programs, but now there is more emphasis and intensification of efforts.

- Commissioner Jackson, with regard to medication errors and adverse drug reaction, asked where the immediate response occurs. Dr. Luce responded that the report of the error is immediately given so that the individual case can be responded to.

Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the San Francisco General Hospital Medical Center Policies and Procedures: Hospital Plan for the Provision of Patient Care; Performance Improvement and Patient Safety (PIPS); and utilization management.

9) **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER PERFORMANCE IMPROVEMENT REPORT**

Hiroshi Tokubo, Director of Quality Management, CHN, presented the Performance Improvement Report. JCAHO requires the governing body to play a role in promoting performance improvement activities and initiatives, which is done through the Joint Conference Committee. Mr. Tokubo highlighted three performance improvement projects that were undertaken last year.

1. Advance Directives. Mr. Tokubo stated that hospitals are required to provided information about Advance Directives upon admission and document that this has been done. Mr. Tokubo stated that overall compliance increased from 82 percent to 88 percent, which is a remarkably high compliance rate.

2. Infection Control. Mr. Tokubo said that a two-part audit was done. One part was generic to all units and one was unit-specific.

3. Patient Satisfaction. SFGHMC voluntarily participated in PEP-C, a three-year survey of patients post-discharge. There were a number of strengths and improvements gleaned from this report. One finding was that after discharge, patients thought they had inadequate information about when they could resume normal activity, what indicated they needed to call the doctor, etc. As a result, staff very quickly developed and instituted new Patient Discharge Instructions.

10) **SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL COMPETENCY REPORT (FY 2000-2001)**

Rod Auyang, Human Resources Manager, presented the 2000-2001 Annual Competency Report, which insures the competency of all staff involved in providing care to patients and residents. The report identifies training needs and evaluates the effectiveness of the competency program. Competency is assessed by conducting annual performance appraisals and successful completion of required courses and training. Mr. Auyang stated that after receiving a deficiency during the 1999 JCAHO survey for not completing performance appraisals in a timely manner, SFGHMC Executive Committee charged a CQI task force to evaluate the organizational effectiveness of the performance appraisal system. This resulted in a redesigned and simplified evaluation tool. In FY 2000-2001, 98 percent of performance appraisals were completed in a timely manner. Of the 2,755 employees who were assessed in a timely manner, 47.5 percent "exceeded standards" and 51.2 percent "met standards."

With regard to medical staff competency, all physicians who practice at SFGHMC are evaluated during initial appointment process and every 2 years thereafter. For FY 00-01, 591 physicians were granted privileges through the initial appointment or reappointment process. Registry staff is also evaluated. Volunteers' performance is assessed jointly by SFGHMC department and the executive director of the Volunteers to San Francisco General Hospital.

Mr. Auyang then described the education and training accomplishments for FY 00-01 as well as the educational needs assessment. He then discussed next steps:

- Continue to improve performance appraisal tool based on feedback from survey sent to all supervisors regarding their satisfaction with the new tool.
- Continue to expand the curriculum offered to staff through *HealthStream*.
- Focus on Patient Safety Curriculum, Patient Education, CPR Programs, assault Management, Mandatory Education and JCAHO preparation.

Commissioners' Comments

- Commissioner Chow commended the staff for getting to 98 percent compliance.

11) SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER ANNUAL ENVIRONMENT OF CARE REPORT (FY 2000-2001)

John Kanaley, Senior Associate Administrator, Support Services, presented the Environment of Care report. There are seven disciplines within the Environment of Care: safety management; security management; emergency preparedness; medical equipment management; hazardous materials and waste; life safety management; and utility management. With regard to security management, overall crime statistics at the campus continue to decrease, but staff perception of their security is low. A pilot program to transfer DPH Institutional Police to the Sheriff's Department will be implemented. He discussed the hospital's emergency preparedness activities, and said that communications remains the biggest obstacle in preparedness. Mr. Kanaley highlighted key programs, including the development of an Asset Management Program to plan for obsolescence and replacement of equipment.

Mr. Kanaley highlighted significant life safety and utility management concerns. The JCAHO standards for life safety assess the building based on 1999 standards. The building was built in the 1960s. The staff is developing a compliance plan. The second issue is the Power Plant, which has the following significant concerns:

- The plant is beyond engineering economic life. It was designed in the 1960s and is inefficient and unreliable.
- 1 Boiler out of service for 8 months
- 1 Turbine generator out of service 8 months
- 1 Air conditioning chiller out of service t months and still not at 50% capacity.

The Mayor's energy program is funding the replacement through the Public Utilities Commission.

Mr. Kanaley said the third significant issue is the underground storage tank.

Public Comment

- Michael Lyon, Coalition to Save Public Health-SF, expressed concern about people's ability to access care at SFGHMC. Guards are questioning people coming into the hospital, which has upset some people, particularly at the Women's Option Center. He said that, although this does not seem to be a problem any more, patients should not have to disclose confidential patient information. The hospital needs to find another way to control access.

- Jason Grant Garza, commented on security and the denial of emergency services. He was arrested at SFGHMC by Institutional Police. He said that the Institutional Police should be accountable to an agency other than DPH. It is inhumane and unacceptable.

12) SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER SB 1953 COMPLIANCE PLAN

Carlos Villalva, Chief Architect for SFGHMC, presented the SB 1953 compliance plan. SB 1953 concerns the seismic safety of two buildings on the SFGHMC campus: main campus-all acute care

functions; and service building – central power plant. The compliance plan, which is due by January 1, 2002, requires an outline of the corrective actions to be taken, and a timetable by which work will proceed. The compliance plan can be amended if necessary until July 1, 2004. Mr. Villalva stated that they anticipate submitting an amended plan after the various planning processes are complete.

Mr. Villalva summarized the various timetable deadlines: life safety work by 1/1/2002; extension request by 1/1/2003; upgrade the Service Building by 1/1/2008; build new acute care facility by 1/1/2013; additional seismic work by 1/1/2030.

Multiple planning processes are in process to determine the best solution for San Francisco, as follows:

- Strategic healthcare planning phase over next six months to fully consider the programmatic issues.
- Institutional master planning for the SFGHMC campus to determine the best hospital site, and the backfill strategies, to be complete by 1/2003.
- Long-range development plan for research and academic space needs at SFGHMC in the future.
- Consideration of a joint facility with UCSF at Mission Bay.
- UCSF planning processes should be complete by the end of 2002.

Several critical decisions will occur during calendar year 2002 such as the number and types of hospital beds, range of services to be housed in the new facility versus other sites, location of the new facility at SFGHMC or Mission Bay and the cost of proposed project to the city.

13) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER GOVERNING BODY BYLAWS

Kathleen Murphy, Deputy City Attorney presented the amendments to the bylaws. The bylaws set forth the duties and responsibilities of the governing body. These include receiving and acting on recommendations for the Executive Administrator and the Medical Executive Committee. There is a new JCAHO standard that calls for the hospital administrator to be selected based on specific criteria, so this is included in the Bylaws. Ms. Murphy discussed the JCAHO standards of Governance. There are two types of changes. One is to reflect changes in practice. The most noticeable example is the change in administrative reporting structure reflecting current practice and the fact that the Joint Conference Committee is now, after Sunshine Ordinance, open to the public. The second type is to update the language in accordance with current JCAHO requirements and jargon.

Action Taken: The Commission (Chow, Jackson, Monfredini, Parker, Sanchez, Umekubo) approved the San Francisco General Hospital Medical Center Governing Body Bylaws.

Commissioners' Comments

- Commissioner Monfredini said that the Commission needs to be totally committed to a new facility because it will play a critical role in getting San Franciscans to support the bond. There is no doubt that San Francisco needs a new hospital, and it is going to take a lot of work and dedication. Commissioner Monfredini also commended the staff for making huge strides since last year, when the medical staff expressed some very real concerns.

- Commissioner Chow said that the Health Commission adopted a resolution last year supporting a new hospital, and this commitment remains unchanged. Commissioner Chow is very appreciative of the cooperation between medical staff, administration, Director of Health and the Commission this year in trying to respond to the city's health needs. The Department is facing new challenges, but San Francisco General Hospital is one of the cornerstones of the Department, and the Commission fully intends to continue to reach the vision of being the finest public hospital in the United States.

- Commissioner Jackson said the timing of the bond issue is critical. He was at the emergency room last week for five hours with a staff worker. The staff was incredible and communicative. The staff treats patients with grace and dignity under very stressful conditions.

- Commissioner Umekubo commended Ms. O'Connell and her staff for laying out the Annual Report so well—this will serve as a focus point for the JCCs. He also said that the rates of compliance are amazing, and tremendous strides have been made since last year.

- Commissioner Sanchez stated that all the colleagues that presented this evening are to be commended for the depth of their presentations.

- Commissioner Parker thanked staff for their hard work over the past year, and for the very in-depth presentation.

14) PUBLIC COMMENTS

None.

15) ADJOURNMENT

The meeting was adjourned at 6:10 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
President

Edward A. Chow, M.D.
Vice President

Arthur M. Jackson
Commissioner

Lee Ann Monfredini
Commissioner

Harrison Parker, Sr., D.D.S.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Willie L. Brown, Jr., Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Olson
Executive Secretary

Tel. (415) 554-2666
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AGENDA

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HEALTH COMMISSION MEETING

Tuesday, December 18, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

THE BUDGET COMMITTEE OF THE COMMISSION WILL CONSIDER THE CONSENT CALENDAR ON THIS AGENDA AT 2:00 P.M. THE HEALTH COMMISSION WILL ACT ON THOSE ITEMS OF THE CONSENT CALENDAR, WHICH HAVE BEEN RECOMMENDED FOR APPROVAL BY THE BUDGET COMMITTEE.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 4 2001
**Minutes of December 4, 2001*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE
(Commissioner David J. Sanchez, Jr., Ph.D.)

(3.1) **CHN-SFGH Nursing Operations** – Request for approval of new contracts with C.W. Healthcare, Inc. and Medstaff, Inc. and contract modifications with HRN Services, Inc., Nurse Providers, Inc. and United Nursing International, for a combined total of $1,375,000, for supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2001 through August 31, 2002.
* *Calendaring request memo, List of rates, New vendor information sheet*

(3.2) **CHN-SFGH & LHH Facilities** – Request for approval of thirteen (13) contract modifications with the following firms: Acker & Guerrero Roof Co., Inc., Adolph Schmidt General Contractors, Anderson Carpet & Linoleum Sale Co., Inc., Angotti & Reilly Inc., Ayoob & Peery Plumbing, Baca & Sons Painting, Floortrends Inc., McClure Electric & Co., Robert Poyas, Inc., Sabel Painting Co., Monticelli Painting & Decorating, Sierra Electric Co. and The Shooter Co., to increase the combined contract amount by $2,162,500, from $3,825,000 to $5,987,500, for the provision of intermittent, as-needed facility maintenance services above baseline civil services staffing for the period of July 1, 2000 through June 30, 2002.
* *Calendaring request memo, List of rates, Monitoring report summaries*

(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract modification with the Regents of the University of California, through UCSF/AIDS Health Project, in the amount of $41,107, for a contract total of $139,196, to provide HIV Counselor Certification services, for the period of January 1, 2001 through December 31, 2001.
* *Calendaring request memo, Client demographic information form, Monitoring report summary*

(3.4) **PHP-AIDS Office** – Request for approval of contract term extensions with the following seven contractors for HIV prevention services for the period of January 1, 2002 through June 30, 2002, Aguilas, Inc., CompassPoint Nonprofit Services, Haight-Ashbury Free Clinics, Inc., Harder+Company, Iris Center, Stop AIDS Project and Tenderloin AIDS Resource Center.
* *Calendaring request memo*

(3.5) **PHP-Housing & Urban Health** – Request for approval of eighteen FY 2001-2003 Housing and Urban Health Contracts for a combined total of $6,982,960.
* Calendaring request memo

(3.6) **PHP- Promotion** – Request for approval of a contract modification with San Francisco Study Center in the amount of $550,000, for a total contract value of $1,258,856, to provide additional fiscal agent services for the Pedestrian Safety Project, for the period of January 1, 2002 through September 30, 2003.
**Calendaring request memo*

(3.7) **PHP-Prevention** – Request for approval of a retroactive contract renewal with NICOS Chinese Health Coalition in the amount of $75,000 to provide problem gambling prevention services, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Contract evaluation form, Client demographic information form*

(3.8) **PHP-Mental Health** - Request for approval of retroactive contract renewal with Saint Francis Memorial Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 City funds targeting uninsured adults, and (2) $4,300,000 Medi-Cal funds for three hospital providers targeting Medi-Cal adult beneficiaries for the period of July 1, 2001 through June 30, 2002.

* *Calendaring request memo, Plan of correction response letter, Monitoring report summary, Client demographic information forms*

(3.9) **PHP-Mental Health** - Request for approval of retroactive contract renewal with St. Luke's Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,300,000 in Medi-Cal funds for three hospital providers targeting Medi-Cal adult beneficiaries for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Plan of correction response letter, Monitoring report summary, Client demographic information form*

(3.10) **PHP-Mental Health** - Request for approval of retroactive renewal contract with St. Mary's Medical Center in the amount of (1) $170,000 in City funds for the provision of acute psychiatric inpatient hospital services targeting uninsured adolescents and (2) $4,300,000 in Medi-Cal funds for three hospital providers for the provision of acute psychiatric inpatient hospital services targeting Medi-Cal beneficiaries, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries, Client demographic forms*

(3.11) **PHP-Mental Health** - Request for approval of retroactive contract modification with Richmond Area Multi-Services, Inc. in the amount of $344,081 for the period of July 1, 2001 through June 30, 2002, to provide children's mental health services, for a total contract value of $4,213,125, for the period of July 1, 1998 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries, Plan of correction response letter, Client demographic information forms*

(3.12) **PHP-Mental Health** - Request for approval of retroactive contract modification with Richmond Area Multi-Services, Inc. in the amount of $532,269 for the period of July 1, 2001 through June 30, 2002, to provide adult mental health services, for a total contract value of $8,341,888, for the period of July 1, 1998 through June 30, 2002.
* *Calendaring request memo, Plan of correction response letter, Monitoring report summaries, Client demographic information forms*

(3.13) **PHP-Mental Health** - Request for approval of retroactive sole source contract renewal with San Francisco League of Urban Gardeners, acting as fiscal agent for Southeast Neighborhood Jobs Initiative Roundtable, in the amount of $50,000, to provide outreach services targeting African-American residents of the Bayview Hunter's Point, Potrero Hill, and Visitacion Valley neighborhoods, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Client demographic information form*

(3.14) **PHP-Mental Health** - Request for approval of a retroactive sole source contract renewal with West Bay Pilipino Multi-Service Center in the amount of $60,000, to provide mental health services targeting immigrants transitioning to community care, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Client demographic information form*

(3.15) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with Asian American Recovery Services in the amount of $5,183,663, to provide substance abuse services targeting for adult men and women of predominantly of Asian/Pacific Islander descent, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report and follow-up plan letters, Monitoring report summaries, Client demographic information forms*

(3.16) **PHP-Substance Abuse** - Request for approval of retroactive contract renewal with Youth Leadership Institute (YLI) in the amount of $377,795, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report response and plan of correction letters, YLI Board, Resolution letter and Board Resolution, Monitoring report summary, Client demographic information forms*

(3.17) **PHP-Substance Abuse** - Request for approval of a retroactive month-to-month contract renewal with Women and Children's Family Services, Inc., in the amount of $1,611,030, to provide residential and outpatient substance abuse services to alcohol/drug addicted women, targeting low income pregnant and postpartum women, their children, their families and/or significant others, for the period of July 1, 2001 through June 30, 2002.
* *Calendaring request memo, Monitoring report summaries and letters, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Report*

5) **FOR DISCUSSION:** **ANNUAL AIDS UPDATE**
(Jimmy Loyce, Deputy Director of Public Health for AIDS Programs)
**Report*

6) **FOR ACTION:** **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Mitch Katz, M.D., Director of Health)
**Report*

7) **PUBLIC COMMENTS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Disability Access

Room 300, 101 Grove Street is wheelchair accessible through the Grove Street entrance.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

For the 101 Grove Street meeting, the closest accessible station for Muni and BART is the Civic Center station. For information about MUNI services, call 673-6864. Accessible parking is located at the southwest corner of Grove and Polk Streets.

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For more information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact the Sunshine Ordinance Task Force at: Sunshine Ordinance Task Force, Donna Hall, Administrator, City Hall, Room #244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102-4689; telephone (415) 554-7724; fax (415) 554-5163; and e-mail: Donna_Hall@ci.sf.ca.us.

Copies of the Sunshine Ordinance can be obtained from the Clerk of the Sunshine Task Force, (listed above), the San Francisco Public Library, and on the City's web site at: **www.ci.sf.ca.us**.

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Roma P. Guy, M.S.W.
President

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HEALTH COMMISSION

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E-mail: health_commission@dph.sf.ca.us

MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 18, 2001
at
3:00 p.m.
101 Grove Street, Room #300
San Francisco, CA 94102

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1) CALL TO ORDER

The Health Commission meeting was called to order by President Roma P. Guy, M.S.W., at 3:15 p.m.

Present: President Roma P. Guy, M.S.W.
Vice President Edward A. Chow, M.D.
Commissioner Arthur M. Jackson
Commissioner Lee Ann Monfredini
Commissioner Harrison Parker, Sr., D.D.S.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF DECEMBER 4, 2001

Action Taken: The Commission approved the minutes of the December 4, 2001 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Jackson and Commissioner Monfredini attended, the Budget Committee meeting.

(3.1) **CHN-SFGH Nursing Operations** – Request for approval of new contracts with C.W. Healthcare, Inc. and Medstaff, Inc. and contract modifications with HRN Services, Inc., Nurse Providers, Inc. and United Nursing International, for a combined total of $1,375,000, for

supplemental, temporary Per Diem and Traveling nursing personnel services for San Francisco General Hospital, Community Health Network, for the period of September 1, 2001 through August 31, 2002.

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(3.3) **PHP-AIDS Office** – Request for approval of a retroactive contract modification with the Regents of the University of California, through UCSF/AIDS Health Project, in the amount of $41,107, for a contract total of $139,196, to provide HIV Counselor Certification services, for the period of January 1, 2001 through December 31, 2001.

Commissioner Sanchez abstained from voting on this contract.

(3.4) **PHP-AIDS Office** – Request for approval of contract term extensions with the following seven contractors for HIV prevention services for the period of January 1, 2002 through June 30, 2002, Aguilas, Inc., CompassPoint Nonprofit Services, Haight-Ashbury Free Clinics, Inc., Harder+Company, Iris Center, Stop AIDS Project and Tenderloin AIDS Resource Center.

(3.5) **PHP-Housing & Urban Health** – Request for approval of eighteen FY 2001-2003 Housing and Urban Health Contracts for a combined total of $6,982,960.

(3.6) **PHP- Promotion** – Request for approval of a contract modification with San Francisco Study Center in the amount of $550,000, for a total contract value of $1,258,856, to provide additional fiscal agent services for the Pedestrian Safety Project, for the period of January 1, 2002 through September 30, 2003.

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Items 3.8, 3.9 and 3.10 were discussed together.

Commissioners' Comments

- Commissioner Sanchez asked why the agencies had low program compliance ratings. Sai-Ling Chan-Sew responded that one of the agencies submitted its declaration of compliance 11 days late. With regard to the St. Mary's program, client satisfaction is low primarily because these

kids are locked up against their will, and do not like it. Linda Wang stated that the Department has modified some timelines because some have been unrealistic.

- Commissioner Jackson asked what makes the timelines unrealistic. Ms. Wang replied that one factor was that the deadline was during the holidays, when a number of staff was out, and another factor was the form being mailed to the wrong person. Commissioner Jackson emphasized that contractors must get documentation in within the timeframe.

- Commissioner Monfredini said when contractors get money every year, they should know the deadlines and just comply.

(3.9) **PHP-Mental Health** - Request for approval of retroactive contract renewal with St. Luke's Hospital for the provision of 24-hour acute psychiatric inpatient hospital services in the amount of (1) $50,000 in City funds targeting uninsured adults, and (2) $4,300,000 in Medi-Cal funds for three hospital providers targeting Medi-Cal adult beneficiaries for the period of July 1, 2001 through June 30, 2002.

(3.10) **PHP-Mental Health** - Request for approval of retroactive renewal contract with St. Mary's Medical Center in the amount of (1) $170,000 in City funds for the provision of acute psychiatric inpatient hospital services targeting uninsured adolescents and (2) $4,300,000 in Medi-Cal funds for three hospital providers for the provision of acute psychiatric inpatient hospital services targeting Medi-Cal beneficiaries, for the period of July 1, 2001 through June 30, 2002.

(3.11) **PHP-Mental Health** - Request for approval of retroactive contract modification with Richmond Area Multi-Services, Inc. in the amount of $344,081 for the period of July 1, 2001 through June 30, 2002, to provide children's mental health services, for a total contract value of $4,213,125, for the period of July 1, 1998 through June 30, 2002.

(3.12) **PHP-Mental Health** - Request for approval of retroactive contract modification with Richmond Area Multi-Services, Inc. in the amount of $532,269 for the period of July 1, 2001 through June 30, 2002, to provide adult mental health services, for a total contract value of $8,341,888, for the period of July 1, 1998 through June 30, 2002.

Commissioners' Comments

- Commissioner Monfredini asked if the underbilling problem had been corrected. Ms. Chan-Sew responded that the agency has instituted an internal audit to make sure they do not underbill. The executive director, Evelyn Lee, reiterated this.

(3.13) **PHP-Mental Health** - Request for approval of retroactive sole source contract renewal with San Francisco League of Urban Gardeners, acting as fiscal agent for Southeast Neighborhood Jobs Initiative Roundtable, in the amount of $50,000, to provide outreach services targeting African-American residents of the Bayview Hunter's Point, Potrero Hill, and Visitacion Valley neighborhoods, for the period of July 1, 2001 through June 30, 2002.

(3.14) **PHP-Mental Health** - Request for approval of a retroactive sole source contract renewal with West Bay Pilipino Multi-Service Center in the amount of $60,000, to provide mental health services targeting immigrants transitioning to community care, for the period of July 1, 2001 through June 30, 2002.

(3.15) **PHP-Substance Abuse** - Request for approval of a retroactive contract renewal with Asian American Recovery Services in the amount of $5,183,663, to provide substance abuse services targeting for adult men and women of predominantly of Asian/Pacific Islander descent, for the period of July 1, 2001 through June 30, 2002.

(3.16) **PHP-Substance Abuse** - Request for approval of retroactive contract renewal with Youth Leadership Institute (YLI) in the amount of $377,795, to provide substance abuse services targeting teenagers and young adults, for the period of July 1, 2001 through June 30, 2002.

(3.17) **PHP-Substance Abuse** - Request for approval of a retroactive month-to-month contract renewal with Women and Children's Family Services, Inc., in the amount of $1,611,030, to provide residential and outpatient substance abuse services to alcohol/drug addicted women, targeting low income pregnant and postpartum women, their children, their families and/or significant others, for the period of July 1, 2001 through June 30, 2002.

Commissioners' Comments

- Commissioner Monfredini, expressing frustration that the problems with this agency have not only continued but also gotten worse, asked the Executive Director Mary Daddio and the chair of the board Adriana Gross to respond to the Department's recommendations. Ms. Gross said the board is recruiting for more board members, and is taking the recommendations seriously. Commissioner Monfredini asked for an update to the CHN Joint Conference Committee on January 29th and for a report to the Budget Committee on February 19th. Commissioner Monfredini asked the Department to start to consider alternative services if in fact the contract is terminated.

- Commissioner Jackson asked if there have been past instances of fiscal mismanagement. Ms. Daddio responded that there had been one instance, and the person is no longer with the agency. Commissioner Jackson asked for an explanation of the low client satisfaction rating. Ms. Daddio responded that the State has reviewed the client complaints, and found them to be unsubstantiated. Commissioner Jackson said that it might the time for new leadership. Ms. Gross responded that the Board is looking at every avenue to ensure the services remain intact.

- Commissioner Sanchez emphasized that these are very difficult clients, and if ever we need to maintain the highest standards, it is for this at-risk population. The Board of Directors and the Executive Director might need to revisit the agency's mission and determine if they are able to provide the highest level of services for all the various programs. Further, as dollars decrease, if there is no documentation that programs are working, the funds are going to go away.

- At the Health Commission meeting, Commissioner Parker raised the issue of numerous contracts having low program compliance ratings. Monique Zmuda responded that two factors contribute to the program compliance difficulties. First, there are more contract requirements than ever before. Second, DPH is stricter in its monitoring.

- Commissioner Jackson suggested that at some point the Department consider imposing penalties on agencies that do not submit paperwork on time.

Action Taken: The Commission approved the consent calendar of the Budget Committee, with Commissioner Sanchez abstaining on Item 3.3, Commissioner Chow abstaining on Item 3.7. and Commissioner Umekubo abstaining on Item 3.10.

4) **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)

Fire December 15th at 275 Turk Street
A three-alarm fire broke out Saturday evening at 10:25 PM at 275 Turk Street. The 66 unit 5-story apartment building housed 159 residents including families, infants and seniors. The group includes Spanish, Tagalog, Cambodian, Bosnian, Arabic and English speaking families. All residents were evacuated safely. The fire spread to all five floors via the light well, and there was extensive damage to at least five apartments and the roof. The building was closed by the Fire Department, and PG&E shut off the gas and electricity, so no one was able to return to an apartment. A Salvation Army hotel across the street immediately invited the building residents into the lobby and dining room, and the staff later housed several of the families in vacant rooms. The South of Market Recreation Center was also opened as a shelter.

On Sunday, Charlie Morimoto worked with staff from the Department of Humana Services to assist the families in identifying temporary housing. By Sunday evening all residents of the shelter were housed in motels, and the recreation center was closed. It appears that many of the families will be able to reoccupy their units before Christmas. Charlie will continue to work with the families and case managers from DHS to ensure that the residents needs are met.

CSF/DPH Electronic Mail Project
As part of a citywide effort to standardize electronic mail services, the Health Department's Information Technology team, in collaboration with the Department of Telecommunications and Information Systems, completed the installation of a new E-Mail system in November. Over 4,000 DPH users were transitioned to Lotus Notes over a period of two weeks, making DPH the first and largest City Department to complete the project. The implementation went very smoothly, and IT staff are continuing to assist users throughout the Department with training and support issues as they arise. The new system meets all of the Department's requirements, including the privacy provisions required for HIPAA. The Department's IT staff, under the leadership of Dave Counter, are to be congratulated for the successful completion of a very complex and difficult task.

SFGH/LHH Data Network Project
The Departments' Information Technology team has begun a major overhaul of data network capabilities at San Francisco General and Laguna Honda Hospitals. Working in conjunction with engineers from Pacific Bell, currently obsolete network equipment will be replaced over the next four months with state-of-the-art data transport devices. This new network will provide the infrastructure needed for the upcoming HIPAA security regulations, and will allow for the ongoing functioning and future expansion of data services at both locations.

Diesel Exhaust Ordinance
On December 10, 2001, Supervisor Sophie Maxwell introduced new legislation to the Board of Supervisors to limit the amount of diesel exhaust emitted by electrical generators. Diesel exhaust is a known toxic air contaminant and a likely carcinogen.

If adopted the ordinance will:

(1) Ensure that diesel backup generators used in the City and County of San Francisco are registered with the Department of Public Health;
(2) Require new backup diesel generators to have the best available air emission control technologies;

(3) Limit the time of operation of diesel backup generators during non-emergency situations.

The Department's Environmental Health Section is designated as the enforcement agency for this proposed law. Diesel backup generators that provide electrical power to certain public and medical facilities would be exempted from the requirements of this ordinance.

Tobacco Cessation Services Mini Grants

The Tobacco Free Project allocated Master Settlement Funds for tobacco cessation services targeting San Francisco's special populations and ethnic communities. Seven mini-grants in the amount of $10,000 each were awarded based on a competitive application process. The agencies selected address the following populations: LGBT adults, LGBT youth, Asian pregnant women with smoking family members; Chinese male smokers; pregnant non-Kaiser members; Russian speaking immigrants; and HIV/AIDs patients. The American Lung Association of San Francisco and San Mateo Counties, Asian Perinatal Services, Chinatown Health Center, Prevention Resources, and UCSF Positive Health Program were among the agencies selected for funding.

African American Health Initiative Conference

On Dec. 12th the African American Health Initiative co-sponsored a forum entitled "African-Americans' Healthcare and Medical Research: Beyond the Legacy of Tuskegee". The Keynote speaker was Dr. Alvin F. Poussaint, M.D., Harvard University. Dr. Patricia Evans was one of the panel discussants. There were approximately 350 in attendance; the program was taped and will be aired at a future date. Cynthia Selmar, Director of the African American Health Initiative will inform the Department of the show dates.

Contractor Meeting on FY02-03 Budget

On December 6th, Community Programs brought together over 50 people to discuss the impact of a projected $175m city deficit in FY02-03 on the Department and the implications for contractors.

In response to the anticipated reduction, the following departmental strategies were discussed:

- reviewing consolidation of departmental functions
- prioritizing services based on the strategic plan
- working towards the integration of physical health, behavioral health, housing and social services
- focusing or refocusing community services to reduce hospitalizations and accept hospital referrals
- determining where revenues may be increased to fund expenditure increases
- reviewing the productivity of civil service programs and determining the impact of reducing positions and/or closing programs
- reviewing all Contracts for potential program reductions, based on productivity, contract compliance and performance
- choosing not to backfill expired grants or continue programs funded with one time Board of Supervisors or Mayoral funding.

COMMUNITY HEALTH NETWORK

CHN/SFGH Medical Staff Credentialing Report

	12/01	2001 YTD
New Appointments	6	89
Reinstatements	0	6
Reappointments	26	424
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	6	153
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Changes in Privileges		
Additions	0	19
Voluntary Relinquishments	2	27
Proctorship Completed	29	185
Current Statistics – as of 12/01/01		
Active Staff		370
Affiliate Professionals (non-physicians)		143
Courtesy Staff		486
Referring Staff		43
Total Members		**1,042**
Applications In Process		100
Applications Withdrawn Month of November 2001		0
SFGH Reappointments in Process Through April 2002		165

Commissioners' Comments

- Commissioner Monfredini, referencing the fire at 275 Turk, asked Dr. Katz to provide a summary of the fire prevention efforts. Anne Kronenberg responded that three SRO collaboratives have been formed in the Mission, Chinatown and Tenderloin. One of the primary roles is to work with the Department of Building Inspection and the Fire Department on prevention. This latest fire was in an apartment building, not a SRO, so was not part of the SRO collaborative focus. Ms. Kronenberg said that it is a constant battle to make sure the fire safety tools are in the buildings.

- Commissioner Sanchez, commenting on recent reports about no heat in some San Francisco classrooms, asked if there is a way for the Health Department to inspect each school for heat, carbon monoxide leakage, ventilation, etc. Dr. Katz responded that he would work with the Commission to identify how the Health Department can help, but the greatest challenge is that many of the facilities are indeed substandard.

- Commissioner Jackson asked what authority or leverage the Department has over the school district vis-à-vis facility safety. Dr. Katz responded that if there is a health hazard, the Department is able to close down the school, but beyond that, the Department has very little control.

ANNUAL AIDS UPDATE

Jimmy Loyce, Deputy Director of Public Health for AIDS Programs, presented the Annual AIDS Update. Mr. Loyce emphasized that this report is a result of the efforts of all AIDS Office staff, and acknowledged Dr. Willi McFarland, Dr. Jonathan Fuchs, Dr. Sandra Schwarz, Dr. Steven Tierney, Dr. Doug Sobesta, Brenda Walker, Michelle Long Dixon and Laura Thomas.

The AIDS Office was founded in 1984 with a staff of four and now has 157 employees. At the request of Dr. Katz, in 2002 the AIDS Office was reconstituted for two reasons: the Department wanted to speak with one voice on the epidemic; and a unified AIDS Office was needed to provide leadership to the 11-point prevention plan. The AIDS Office budget is more than $78 million, and sources are the General Fund, Federal funds and grants, State funds and private foundation grants.

There are two Community Planning Councils—HIV Prevention and HIV Health Services. The HIV Prevention Planning Council provides input on plans and priorities for services and target populations. The HIV Health Services Planning Council prioritizes services and allocates funding by service category. Both are constituted of citizens of San Francisco.

Mr. Loyce provided an overview of HIV/AIDS in San Francisco, including estimates of HIV Prevalence and Incidence for 2001, and ethnic and gender breakdown of people living with AIDS in San Francisco. Mr. Loyce then discussed the risk groups, and stated that men who have sex with men (MSM), and MSM injection drug users make up 86 percent of the AIDS cases in San Francisco. AIDS cases peaked in 1992 then started declining. Mr. Loyce then presented a number of maps that showed the geographic distribution of AIDS by population and census tract.

Mr. Loyce then discussed the future direction of the epidemic:

- More new cases among MSM
- Fewer new cases in IDUs, which is directly related that to the needle exchange program
- Increasing numbers of HIV positive transgendered individuals
- Slower progression to AIDS and longer survival with AIDS
- Increasing proportion of cases in people of color

Mr. Loyce presented an overview of the various research efforts that are underway, including studies focussed on prevention for high-risk HIV uninfected, prevention for HIV positives and prevention of disease progression.

With regard to HIV Vaccine trials, there have been more than 60 trials to test over 30 vaccines so far. Most vaccines are only in the early stages testing. There are two later stage studies: the VaxGen trials and the NIH sponsored HIV Vaccine Trials Network (HVTN). DPH is one of the HVTN core global sites, and the first planned trial with more than 10,000 volunteers—½ MSM and ½ heterosexuals—will start in 2003. DPH is also one of 61 VaxGen Phase III sites.

Mr. Loyce highlighted some of the studies currently underway in the Surveillance and Seroepidemiology Section, including a door-to-door HIV prevalence and incidence survey of men who live in low income neighborhoods, a study to determine factors that contribute to compliance with HAART (Highly Active Antiretroviral Therapy) and trends in causes of death among person with AIDS in the era of HAART.

Mr. Loyce then discussed the HIV non-naming reporting system. In 1999, the Health Commission took a strong position opposing the use of names for reporting HIV cases. Surveillance conducted a pilot study that demonstrated that complete and accurate data could be collected without the use of names. The State proposal uses unique identifiers, not names.

HIV prevention services include outreach, workshops, social marketing, risk reduction counseling, HIV testing, prevention case management, media development and needle exchange. Behavioral Risk Populations are used to prioritize and target services to those at highest risk of HIV infection. Three tiers were developed: Tier 1 (highest risk)-MSM and transgenders, both male to female and female to male; Tier 2 (high risk)-injection drug users; Tier 3 (lower risk)-non-IDU heterosexuals and women who have sex with women.

HIV Health Services include primary medical care, home health care, dental care, housing, substance abuse treatment, mental health care, case management and peer and treatment advocacy.

Mr. Loyce described Project Reggie, a centralized computerized client registration database at all agencies receiving CARE Act funding. Consumers and advocates felt strongly that patients be able to register one time, and be know throughout the entire system. Project Reggie allows this to happen.

Mr. Loyce discussed key findings from recent CARE evaluations, including: CARE serves those it intends to reach: injecting drugs, poverty, having dependents, unstable housing and low health status are associated with not getting needed services; and barriers include agency factors, emotional issues and lack of information about services.

Key Challenges facing the AIDS Office:

Resources

- Decreasing federal funding – cuts to seroepidemiology, surveillance and prevention, and an anticipated cut to CARE Title I. In addition, the federal government may no longer allow appropriated but unexpended dollars to be carried over to the next year.
- Decreasing state funding – cuts in prevention and testing and counseling
- Decreasing San Francisco general funds
- Decreased private resources available for our community partners

Programs

- Increasing access to prevention for at-risk populations with changing demographics
- Addressing increasing incidence among MSM
- Expanding cultural competency and capacity to address health and prevention needs of emerging populations, including the transgender community
- Linking prevention, health services and research to improve services to clients
- Addressing the needs of the multiply diagnosed and homeless populations

Commissioners' Comments

- Commissioner Monfredini asked if the workforce re-entry program for people infected with HIV was still in operation. Ms. Long Dixon responded that this program, which is funded through the General Fund, is going well, although its success depends on favorable state and federal legislation that has not yet been approved.

- Commissioner Umekubo asked the incidence of AIDS due to blood transfusions. Dr. McFarland responded that this has been the biggest prevention success, and the number of cases is negligible. Dr. Katz added that Red Cross statistics indicate that this would happen in one in a million cases. Commissioner Umekubo asked if the use of HAART had any negative medical outcomes, besides drug resistance. Dr. Schwartz responded that, with regard to resistance, while it is true that a number of individuals who are on therapy may at some point become resistant, the AIDS surveillance data shows that there is an overall improvement in survival. Dr. Schwarz said they looked carefully at conditions that could result in death that would have been due to the use of HAART, and found potentially a small increase in pancreatitis but the other conditions that they thought would be associated with the use of HAART were not seen.

- Commissioner Parker asked if there is a standard prevention message or a variety of different messages. He also asked if the community at large is addressing the need to identify new messages. Dr. Tierney responded that there are a variety of targeted prevention methods and messages, and that both the HIV Prevention Plan and the Department's 11-point plan emphasize reinvigorating and reinventing the prevention messages. Dr. Tierney added that in the next year they intend to increase the State funding that is spent on prevention for HIV positive people.

- Commissioner Jackson asked if the Department is successful in monitoring the sex clubs. Dr. Tierney responded that the Coalition for Healthy Sex, a group of sex club owners and Department of Public Health staff, has been reorganized in the past year. In addition, the Department's STD division is working with the club owners. This on-going relationship ensures that the rules and regulations are posted and that the staff has been educated around risk reduction and prevention messages. Commissioner Jackson asked if the Department has ever considered closing the clubs. Dr. Katz replied that there is nothing in the law to prevent the opening of a sex club. However, if the Department becomes aware of a problem, it sends a written warning. If changes are not made, a second letter is sent saying the club will be closed by the Health Officer.

- Commissioner Chow asked staff to more fully describe the Early Intervention Program. Ms. Long Dixon responded that the concept is to put programs in the neighborhoods where at-risk people live, and serve them early with therapy before they get AIDS. This program has expanded to the Bayview Hunters Point neighborhood. Commissioner Chow then asked the status and promise of the HIV vaccine trials. Dr. Fuchs stated that the Department has completed the second year of a three-year trial. Interim analysis showed excellent safety. The trial needs to continue through the third year before efficacy can be determined.

- Commissioner Sanchez commended the AIDS Office. He also said that many agencies that received federal dollars are experiencing the same problem of losing unspent dollars that previously could have been carried over to the next year.

- Commissioner Guy asked Dr. Schwarz to respond the *San Francisco Chronicle* article about the increasing resistance to HIV combination drug therapy. Dr. Schwarz responded that this is not surprising, as the HIV virus mutates rapidly. Regardless of that, survival rates are increasing. Dr. Katz added that the treatment decisions are getting more and more complicated, but so far science keeps bringing new therapies even as the old ones become less effective. Commissioner Guy thanked staff for their professionalism in responding to adverse situations, for clearly communicating with the Commission and for developing partnerships in an era of controversy. She asked what lessons have been garnered from the last five years. Dr. Tierney responded that the primary lesson is to stay focussed and respond immediately. Dr. McFarland said it was to remain vigilant and quickly catch shifts in the demographics of the epidemic. Mr. Loyce stated

that is was to have community-based strategies. Dr. Katz stated that good public health is constantly changing, and that innovation is of vital importance.

DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Frances Culp, Office of Policy and Planning, presented the Department of Public Health Annual Report. The first part of the presentation focussed on the inside of the department: its workforce, community advisory boards, contractors, patients and budget. The second part of the presentation was organized around the Department's Strategic Plan Goals and strategies, with Ms. Culp highlighting various Department programs and accomplishments for each goal.

Goal 1: San Franciscans Have Access to the Health Services They Need, While the Department Emphasizes Services to its Target Populations.

Strategy Focus population based public health services on the entire community and personal health care services on target populations.

- The Emergency Medical Services (EMS) Section Disaster Team, which released the Level 1 Multicasualty Incident Policy and focused on health and medical responses to threats of bioterrorism.

- The Tom Waddell Health Center, which opened a Dental Clinic to serve homeless and HIV positive patients.

Strategy: Expand health coverage to the uninsured to improve health status and access to care.

- Health Care Accountability Ordinance, which will result in health coverage for an estimated 16,050 San Francisco workers.

- Healthy Kids, which will help cover the estimated 5,000 uninsured children in San Francisco.

Strategy: Ensure that the Community Health Network continues its vital role in the delivery of health care.

- The Trauma Center at San Francisco General Hospital – three trauma nurse practitioners were added to the team.

- The Mental Health Rehabilitation Facility

Strategy: *Improve integration of services for target, vulnerable, at-risk populations who need multiple services*

- The Office of Housing and Urban Health - development and opening of the Broderick House.

Strategy: Use data and evaluation more routinely and uniformly to guide program planning and priority setting.

- Community Substance Abuse Services partnership with the Treatment on Demand Planning Council to use qualitative and quantitative data to identify 12 major priorities.

- The Epidemiology and Evaluation Section of the AIDS Office, which evaluated the HIV Prevention Case Management Program to determine new guidelines and standards.

Goal 2: Disease and Injury are Prevented

Strategy: Strengthen primary prevention activities of the Department

- STOP Red Light Running Campaign

- Back to Sleep Campaign, to educate new parents about Sudden Infant Death Syndrome

Strategy: Address social and economic determinants of health

- Community Mental Health Services creation of a Vocational Liaison Committee to expand employment opportunities.

- Community Health Education Section release of the RoadMap for Preventing Violence.

Goal 3: Services, Programs and Facilities are Cost-Effective and Resources are Maximized

Strategy: Continue to adopt a financial strategy that enhances revenue and reduces expenditures by avoiding institutional care

- Community Mental Health Services increased case management capacity and the ability for case managers to access community services, rather than institutional care.

- Laguna Honda Hospital and Rehabilitation Center created the Community Reintegration Program.

Strategy: Improve recruitment, retention and training of Department staff

- San Francisco General Hospital created the Nursing Retention and Recruitment Committee, which will identify key retention issues and develop a retention plan to address the nursing workforce shortage.

Strategy: Design an e-government strategy and presence for the Department

- The Management Information Systems Staff undertook a number of projects to improve the Department's Intranet site, including an online staff directory, legislative tracking system and medical cannabis ID card system and staff training tutorial.

Goal 4: Partnerships with Communities are Created and Sustained to Assess, Develop, Implement and Advocate for Health Funding, Policies, Programs and Services

Strategy: Increase local, state and federal advocacy for efforts under the direction of the Mayor's Office

- The Office of Policy and Planning worked closely with Nancy Pelosi to secure $1.105 million for HIV Services and $1.105 million for Treatment on Demand, and worked to secure an additional $25 million for California's trauma centers.

Strategy: Explore opportunities to partner with other providers and the community on common health issues

- The Department was the lead agency for the implementation of Proposition 36.
- Jail Health Services collaborated with Continuum and the AIDS Office to implement the Homebase Project/HOPE Study.

Strategy: Continue to expand assessment of community health needs

- The Bayview Hunters Point Task Force released the Community Survey.
- HIV Prevention Research Section enrolled 736 high-risk men who have sex with men into Project Explore.

Commissioners' Comments

- Commissioner Monfredini thanked the staff for the clear and concise report.
- Commissioner Umekubo stated that it is amazing how effective the Department has been in instituting the changes that have been necessary over the last few years. The lesson to be learned is that this is a changing world, and we always need to think about ways to make things better and more cost effective. This annual report really lays out how the Department has done this.
- Commissioner Sanchez congratulated Department staff for its commitment and compassion.
- Commissioner Parker complimented staff for how well they have adhered to the Strategic Plan. This demonstrates that the Department does have a comprehensive plan, and should be supported with additional funding.

PUBLIC COMMENTS

None.

8) ADJOURNMENT

The Health Commission meeting was adjourned at 5:35 p.m.

Michele M. Olson
Executive Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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(Address Correction Requested)